

DOCUMENT RESUME

ED 307 524

CG 021 685

AUTHOR Bleuer, Jeanne C., Ed.; Schreiber, Penny A., Ed.
 TITLE Counseling Young Students at Risk: Resources for
 Elementary Guidance Counselors. First Edition.
 INSTITUTION ERIC Clearinghouse on Counseling and Personnel
 Services, Ann Arbor, Mich.
 SPONS AGENCY Office of Educational Research and Improvement (ED),
 Washington, D.C.
 PUB DATE 89
 CONTRACT RI88062011
 NOTE 155p.; Cover title varies slightly.
 AVAILABLE FROM ERIC/CAPS, University of Michigan, School of
 Education, Room 2108, Ann Arbor, MI 48109
 (\$14.95).
 PUB TYPE Information Analyses - ERIC Information Analysis
 Products (071)
 EDRS PRICE MF01/PC07 Plus Postage.
 DESCRIPTORS Academic Achievement; Alcoholism; *Counselor Role;
 Death; Divorce; *Elementary Education; *High Risk
 Students; Latchkey Children; *School Counseling;
 School Counselors; Self Esteem; Sexual Abuse; Stress
 Management

ABSTRACT

This collection of papers addresses seven critical problem areas that can place today's young students at risk. "Children in Self-Care" (Merlyn Pitney) discusses the key problems of the rapidly increasing number of "latch key" students who must fend for themselves before and/or after school. "Stress Management for Children" (Kristine Kunkle) shows that stress is experienced not just by adults even though there has been little attention paid to its impact on children and their school work. The problems of the increasing numbers of children whose parents have divorced are discussed in "Children of Divorce" (Cindy Russell). "Children of Alcoholic Parents" (Joyce Jagucki) presents a clear case for greater teacher and counselor attention to the difficulties of children from alcoholic families. "Children Who Are Victims of Sexual Abuse" (Debra Duetemeyer) provides alarming statistics about the number of abused children and guidelines for professionals to observe in identifying and working with these children. "Children Coping with Death and Loss" (Kathleen Ray) describes how schools can respond to these children in their sorrow. Finally, numerous esteem-enhancing resources that can lead to long-term rewards in student adjustment and achievement are discussed in "Self-Esteem and Academics" (Lynn Burton). A bibliography is included with each article. (ABL)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

Counseling Young Students at Risk

Resources for Elementary Guidance Counseling

JEANNE C. BLEUER and PENNY A. SCHREIBER, Editors

ED307524

CG 021685

U S DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



Educational Resources Information Center—ERIC

ERIC is a decentralized nationwide information system founded in 1966 and currently sponsored by the Office of Educational Research and Improvement within the U.S. Department of Education. It is the largest education related database in the world. ERIC is designed to collect educational documents and journal articles and to make them readily available through a number of products and services; e.g., the ERIC database, abstract journals, microfiche collections, online and CD-ROM computer search, document reproductions, and information analysis publications. The ERIC audience is equally wide-ranging and includes teachers, counselors, administrators, supervisors, policy makers, librarians, media specialists, researchers, students, parents, and other educators and interested persons.

Counseling and Personnel Services Clearinghouse—CAPS

CAPS is one of the 16 subject-oriented clearinghouses of the ERIC system. CAPS' exceptionally broad coverage includes K-12 counseling and guidance, post-secondary and adult counseling services, and human resource development in business, industry and government. Among the topics addressed are:

- preparation, practice and supervision of counseling professionals
- development of theoretical constructs
- research on programs and practices
- interviewing and testing
- group work
- career planning and development
- employee assistance programs (EAPs)
- training and development
- marriage and family counseling
- student activities
- services to special populations (substance abusers, public offenders, students-at-risk)
- program evaluation

CAPS acquires literature in its subject area, processes the information into the ERIC database, and produces a variety of subject-specialized materials. It offers such products as monographs, special issues papers, state of the art studies, computer search analyses, bibliographies and digests. A quarterly newsletter (free upon request) features Clearinghouse activities, products, and articles on timely topics. CAPS professional staff also offers question-answering services, computer searching of the ERIC database, on-site user services with a complete ERIC microfiche collection at the CAPS Resources Center, and national, state and local workshops on high-priority counseling and human services concerns. We welcome visitors and mail or phone inquiries.

ERIC/CAPS
2108 School of Education
The University of Michigan
Ann Arbor, MI 48109-1259
(313) 764-9492

**ERIC Counseling and Personnel Services Clearinghouse
2108 School of Education
The University of Michigan
Ann Arbor, MI 48109-1259**

This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education under contract no. R188062011. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education.

First Edition, 1989

Counseling Young Students at Risk:

Resources for Elementary Guidance Counselors

**Jeanne C. Bleuer and
Penny A. Schreiber, Editors**



**ERIC Counseling and Personnel Services Clearinghouse
2108 School of Education
The University of Michigan
Ann Arbor, MI 48109-1259**

TABLE OF CONTENTS

Preface	ix
<hr/>	
Children in Self-Care	
by Merlyn Pitney	1
Bibliography	16
<hr/>	
Stress Management for Children	
by Kristine C. Kunkle	27
Bibliography	40
<hr/>	
Children of Divorce	
by Cindy Russell	49
Bibliography	59
<hr/>	
Children of Alcoholic Parents	
by Joyce E. Jagucki	69
Bibliography	78
<hr/>	
Children Who Are Victims of Sexual Abuse	
by Debra D. Duetemeyer	85
Bibliography	95
<hr/>	
Children Coping with Death and Loss	
by Kathleen Ray	103
Bibliography	112
<hr/>	
Self-Esteem and Academics	
by Lynn Burton	123
References	137
Bibliography	139

PREFACE

In the recent past, a considerable amount of attention has been directed toward identifying and meeting the needs of students at risk. Most of the literature and program development efforts, however, have focused on junior high and high school students. This collection of papers addresses seven critical problem areas that can place today's young students at risk.

Researched and written by a team of highly experienced elementary education specialists, the papers provide the reader with: 1) the unique insights that only committed and experienced practitioners possess; and 2) an exceptionally extensive list of practical resources that have proved to be very useful in addressing each of the problem areas presented.

Although all of the problem areas addressed have existed for many years, more of today's students are experiencing them and their experiences are more devastating given the fast-paced, competitive society in which they are expected to grow and develop.

In *Children in Self Care*, Marilyn Pitney addresses the problems of the rapidly increasing number of "latch key" students who must fend for themselves before and/or after school.

In *Stress Management for Children*, Kristine Kunkle shows that stress is "not just for adults" even though there has been little attention paid to its impact on children and their school work.

The number of children whose parents have divorced has greatly increased in the past several years, but it doesn't make the problems they experience any easier. Cindy Russell addresses these problems in *Children of Divorce*.

Joyce Jagucki presents a clear case of the need for greater teacher and counselor attention to the *Children of Alcoholics* if these children are to grow and develop into happy, healthy adults.

Debra Duetemeyer gives alarming statistics in terms of the number of *Children Who Are Victims of Sexual Abuse* and provides useful guidelines for education

professionals to observe in identifying and working with these children.

In the past, children had to rely only on their families to support them in times of grief and sorrow. Kathleen Ray shows how the school can be responsive to *Children Coping with Death and Loss*

In her discussion of the complex interrelationship of *Self-Esteem and Academics*, Lynn Burton identifies numerous esteem-enhancing resources that can lead to long-term rewards in student adjustment and achievement.

We are pleased with the wealth of information presented by these seven authors and hope that this volume proves to be a useful resource not only to elementary school guidance counselors, but also to parents and other professionals working with young students at risk.

Jeanne Blauer
Penny Schreiber

CHILDREN IN SELF-CARE

What Is the Problem?

Although latchkey children are thought of as a fairly recent phenomenon, they have actually been around since World War II. Recently, however, the problem of latchkey children has come to the forefront. Because most researchers feel the term latchkey has negative connotations, the term "children in self-care" may be more appropriate.

Several social issues have caused the number of children in self-care to increase over the past ten years. Marsh (1986) writes that the problem has been created by an increased number of working mothers and an increased number of single-parent families. Most researchers agree with Marsh. Galambos and Garbarino (1983) offer three reasons behind the increase in the number of children in self-care. In the past, most homes had at least one additional adult besides the parent(s) who could help with the responsibility of watching school-age children. Extended families are not as prevalent in American society now. A second factor is the 20th century trend toward age-segregated housing. Most neighborhoods are made up of families of similar ages and backgrounds. This means fewer adults in a neighborhood to look after children of working parents. A third factor is the trend toward smaller families which results in fewer teenagers to babysit.

People tend to believe children are in self-care for only a few short hours before or after school. Most of the research on self-care has been conducted on these children. Fosarelli (1985) lists two additional times when children are left in self-care. Some parents work nights, leaving their children home alone all night. Other parents go shopping or just disappear for several hours. Additionally, many of the studies and programs neglect the issues of summer vacation, school holidays, and days off due to illness.

Just how many children are there in self-care? The studies offer many conflicting figures. Coolsen, Seligson, and Garbarino (1985) tell us why it is so

In the past, most homes had at least one additional adult besides the parent(s) who could help with the responsibility of watching school-age children. Extended families are not as prevalent in American society now.

... a minimum age of eight ... is widely accepted as a cut-off age for children to be left alone.

difficult to obtain accurate statistics. To begin with, many parents are reluctant to admit to leaving their children home alone. Another reason is that different studies use different definitions of the problem. Coolsen, et al. state that "duration and frequency are important aspects of the definition" (p. 7). Most researchers also agree that age is a consideration, however, most of the studies were conducted on children of varying ages. Robinson, Rowland, and Coleman (1986) list both of the above reasons and one additional one: These children are not in a formalized setting which makes studying them all the more difficult.

The question of age is important, because parents may be at risk for a charge of neglect. Cole and Rodman (1987) mention a minimum age of eight as what is widely accepted as a cut-off age for children to be left alone. Long (1985) writes that "many state child protective agencies set twelve as the age below which they will investigate complaints of children routinely left unsupervised" (p. 5). The author believes that there are more important factors than age to consider when deciding to leave a child in self-care. These factors will be discussed later in this paper.

Returning to the question of actual numbers of children in self-care, it is useful to summarize a few of the very confusing and conflicting figures. Coolsen et al. (1985) give an estimate of about 25% of children age 6-14. The Longs (1983) have been widely quoted on their conservative estimate of six million children in self-care under the age of 13. Reynolds (1985) and Hawkins (1987) both agree with the Longs' figure of six million. Cole and Rodman (1987) estimated approximately two million children age 7-13 in self-care as of 1984. Long (1985) writes that "self-care has become the second most prevalent form of child care in America today" (p. 5). Care by parents is the most prevalent form of child care. According to Rodman, Pratto, and Nelson (1985), there are more children in self-care than in day-care. The numbers of children in self-care will probably not diminish in the near future (Rodman & Cole, 1987).

Regardless of actual numbers, agreement does seem to exist that there are many, many children being left on their own.

What Are the Issues?

The main issue to be confronted on the subject of self-care is the attitude of counselors, researchers, and parents toward children in self-care. Most of the studies done on attitudes toward self-care cite three different attitudes:

1. All self-care children should be turned into adult-care children. (Stress on formal supervised programs.)
2. Self-care is a necessary but regrettable evil. (Stress on the negative aspects of self-care and formal program alternatives.)
3. Self-care is a normal developmental step which requires planning and preparation. (Stress on positive aspects of self-care and child/parent training programs.) (Rodman & Cole, 1987, p. 103)

Most studies favored attitude number one. A few grudgingly held attitude number two. Very few held attitude number three. The same can be said of most of the programs that were reviewed. These attitudes hold some implications for counselors. Depending on the attitude held by the counselor or by the parents, counselors can refer children to adult-supervised programs, give parents guidelines for determining if self-care is appropriate, and/or teach developmental units on the skills needed for self-care.

The attitudes of the parents often determine how well a child will adjust to self-care. The Longs (1983) found that "parents choosing self-care for their children usually did so with a great deal of concern (many said 'guilt'), ambivalence, and uncertainty" (p. 18) and are not satisfied with the arrangement. The counselor may need to work directly with parents or parent groups to

The main issue to be confronted on the subject of self-care is the attitude of counselors, researchers, and parents toward children in self-care.

The attitudes of the parents often determine how well a child will adjust to self-care.

help alleviate these feelings. If parents can look on the self-care arrangement as a normal developmental step, perhaps children would then adjust to it better.

Many studies have looked at the risks and benefits associated with self-care arrangements. Often, these studies were looking for reasons against leaving children in self-care. Coolsen et al. (1985, p. 10) present profiles of the children for whom the risks are greatest and those for whom the risks are least:

High Risk	Low Risk
Younger, less mature	Older, more mature
Alone for several hours/day on a regular basis	Alone for short period of time, occasionally
Live in apartment buildings in urban environments perceived as dangerous	Live in safe, suburban homes, small towns, or close-knit neighborhoods
Have poor communication with parent(s)	Have good communication with parent(s)

Studies done in urban areas seem to find more negative effects of self-care than do the ones done in rural or suburban areas.

Galambos and Garbarino (1983) consider the environmental factor to be the most important one in determining how well a child will adjust to self-care. Many studies support this finding. Studies done in urban areas seem to find more negative effects of self-care than do the ones done in rural or suburban areas. Counselors may need to help parents decide if self-care is appropriate for their child based on all of these factors.

Coolsen et al. (1985, p. 9) describe four types of risks associated with the self-care experience: (a) the child will feel badly, (b) the child will be harmed badly, (c) the child will develop badly, or (d) the child will act badly. Robinson et al. (1986), however, caution that these risks are conceptual in nature and not based on empirical research. These four types of risks are also dependent upon the environment in which the child lives. Most studies have found an element of fear among

children in self-care arrangements. The PhoneFriend project (Coolsen et al., 1985, p. 11) offers some interesting percentages about the reasons why children phoned them. Of the 1,370 calls received in the first year: (a) 60 percent were bored or just wanted to talk, (b) 19 percent were lonely, (c) 1 percent were scared, worried, sad, or crying, (d) 4 percent were emergencies, and (e) 3 percent were home maintenance problems.

This information gives counselors ideas for developmental guidance units. The units might include subjects such as how to plan time alone, what it means to be lonely vs. alone, how to handle fear, and how to handle common household problems or emergencies.

The Longs (1982) identified some of the common fears children in self-care have: someone breaking into the house, noises, the dark, rain, thunder and lightning, and animals barking or crying. One must wonder, however, if these are common fears for children in general.

"It seems expedient that we learn to identify children for whom the 'latchkey experience' is mostly or totally a negative one, for these children are truly at risk" (Fosarelli, 1985, p. 1). This quote may go to the very heart of the counselor's role in dealing with children in self-care. We must first identify those at greatest risk and work with them or refer them to adult-care. Robinson et al. (1986) have developed a scale that can be used to measure the degree to which a child is at risk. They call it the "latchkey risk quotient" or "LRQ" (p. 97). It is a simple chart that anyone can use to quickly determine if a certain child is at low, moderate, or high risk. The scale is based on four factors: age, location, amount of time left alone, and degree of supervision. Once a counselor and/or parent has determined the risk factor for a child, a determination can be made about the appropriateness of self-care. The next decision would be either referral to an adult supervised program or training in self-care skills through group or individual counseling with the parents and child(ren).

What Programs Are Available?

Adult-Care Programs Coolsen et al. (1985) feel that the "best . . . programs are staffed by adults, offer a carefully designed curriculum based on knowledge about the cognitive, social, and emotional development of children, and use the resources of the community" (p. 14). They also write that the physical environment of the program should look more like home than school. Similarly, Hawkins (1987) writes that "a school-age child care program should be an enriching program that complements and supplements the home and school but does not try to duplicate or take the place of either" (p. x). A majority of the resources favor this attitude.

Coolsen et al. (1985) suggest that parents look for programs that insure the safety of their child; make an effort to meet the child's individual needs; and have hours, location, and cost to meet the parents' needs.

... "the use of a school campus for child care can turn a school into a community center."

One solution that many areas are trying is a school-based program. Farnum (1987) feels that "the use of a school campus for child care can turn a school into a community center" (p. 20). Kids-On-Kampus ("Unlocking," 1987) is one example of a school-based program. It operates in seven school districts in California. Kids-On-Kampus takes full responsibility for operating the 12 latchkey centers. Each center's program varies from school to school. They are open from 7 a.m. to 6 p.m. and operate full-time even during the summer and holidays. The program is staffed by highly qualified directors and teachers and includes supervised homework, educational specialty, outdoor recreation, and choice time. Parents are kept involved by having a voice on the elected Parent Advisory Council. The cost of the program is \$160/month for full-time and \$145/month for part-time (less than four hours per day). This school-based program seems to have overcome some of the barriers which Strother (1984) points out. She writes about some of the positive and negative aspects of school-based programs. On the positive side, they help build parental support, attract students to

public schools, put empty classrooms to work, and reduce vandalism. On the negative side, administrators and teachers are often confused about the school's responsibility, heavier professional workloads lead to stress, tax increases may be needed to pay for the program, and legal and policy issues can present problems.

Another option in some areas is the child care center on the parent's job site. One study found that 1,800 U.S. companies offer either on- or off-site child care centers for their employee's children (*Kids*, 1986). This small number shows that employers have just recently become involved in the child care issue. Many are still very unsympathetic to the problems faced by their employees. Long (1985) cited an example of one employer who was considering not hiring mothers because they received so many phone calls from home between three and five o'clock.

One interesting adult-care program is the Shared Heritage Intergenerational Child Care Program which operates in Iowa (*Shared Heritage*, 1985). This program is based on a grandparent-grandchild type of relationship. People over age 55 are recruited as family day care home providers. The program recruits, screens, and trains the participants who are given support by the program, but are considered independently employed. Ways in which the program supports the providers include: reimbursement for food, child care training, toy lending, in-home activity visits, child care referral, liability insurance, and monthly newsletters. Children received good care and had warm relationships with their older providers. One difficulty encountered was in finding older people willing to take on the responsibility of tending children. The program was considering the possibility of extending the program to include younger caregivers. They suggest that the best option might be to include an intergenerational program within a broader total program.

The Shared Heritage program is similar in nature to the Lucas County Department of Human Services' Day-

Care Homes referral service in Toledo, Ohio. They also recruit, screen, and train caregivers and place children with them. Their program is based totally on the income level of the parents who must show need to enroll in the program. Once involved, a child is placed with a caregiver near school so the child can walk to and from that person's home. Using older people might be an option Lucas County could use in their program. Sylvania, Ohio Community Services also uses older people in their latchkey program, although it is merely one component of the total program. The older people were not responsible for the care of the children in the program. The program includes fine motor skills, arts and crafts, physical education, computers, library, bingo with seniors, projects, and parties on holidays. The state of Ohio requires that teachers in child care programs have a high school diploma, inservice hours, and classes on abuse. The Sylvania program requires weekly lesson plans but does not include any established guidance curriculum. This was true of most of the programs checked into in the Toledo area.

Self-care Programs. Some parents do not have the option of adult care for their children, or may feel that self-care is appropriate. The next section of this paper outlines program options available for the child in self-care.

... *"for the older child, the responsibility of being on one's own after school is a positive rather than a negative influence, an opportunity rather than a risk."*

Some researchers argue that "for the older child, the responsibility of being on one's own after school is a positive rather than a negative influence, an opportunity rather than a risk" (Coolsen et al., 1985, p. 9). Fosarelli (1985) cites another reason why self-care may be the best option. She states that "poor supervision may . . . be worse than no supervision, especially if the supervisor abuses the child in any way" (p. 2). This may influence many parents' decisions about child care in light of the many recently reported cases of abuse in some child care facilities.

Some of the options for children in self-care include: telephone hotlines, survival skills training programs, and

a buddy system. Viewing self-care as a normal developmental step and preparing the child for the experience are two keys to providing the best possible self-care arrangements for your child.

Cole and Rodman (1987) give parents some minimum guidelines for determining if their children are developmentally ready to be left in self-care. Their list includes physical, emotional, cognitive, and social characteristics a child should possess:

Physical

1. Control of body/not susceptible to injury.
2. Can manipulate doors and locks.
3. Can safely operate any equipment which child will have access to such as stove, blender, or vacuum.

Emotional

1. Can tolerate separation from adults for the length of time required without much loneliness or fear.
2. Does not exhibit withdrawn, hostile, or self-destructive behavior patterns.
3. Can handle usual and unexpected situations without excessive fear or upset.
4. Can follow important rules without always "testing the limit."

Cognitive

1. Can understand and remember verbal and written instructions.
2. Can solve problems without relying on irrational solutions.
3. Can read and write well enough to take messages.

Viewing self-care as a normal developmental step, and preparing the child for the experience, are two keys to providing the best possible self-care arrangements for your child.

Social

1. Can solicit help from friends, neighbors, and designated helpers when appropriate.
2. Understands the role of police, fire fighters, rescue squads, and other community resources.
3. Is willing and able to call in those resources when needed.
4. Can maintain friendships with other children and adults. (p. 95)

Many programs have been developed to help prepare a child for the self-care experience. Many of these programs fall into the survival skills training category. The programs do not have to be specifically for latchkey children. Any program that provides training in the skills latchkey children require will help. Long (1985) fears that parents will feel that survival skills programs mean approval of the self-care arrangement. He believes more parents will begin leaving children in self-care just because they have some survival skills training. It should be stressed to parents that they must weigh the other factors before determining if self-care is right for their child. On the other hand, all children can benefit from survival skills training programs regardless of whether or not they are ever left in self-care.

... all children can benefit from survival skills training programs regardless of whether or not they are ever left in self-care.

Comprehensive programs specifically packaged for teaching survival skills to children in self-care are difficult to come by. Many are just now being developed. Currently, it is a matter of pulling together all available resources on the different survival skills needed. Some of these might include programs for dealing with strangers, preventing fires, taking care of home emergencies, and confronting the feelings associated with the self-care arrangement. One resource, *In Charge* (Swan, Briggs, & Kelso, 1985), appears to be a comprehensive curriculum capable of fulfilling the needs of someone teaching a self-care unit.

The Ohio State University and The Ohio Cooperative Extension Service have developed a learning packet

for self-care children entitled *Keys for Kids* (1985). The topics covered in the parents' guide and the children's workbook are emergencies, strangers, fire safety, phone calls, lonely vs. alone, self-esteem, helping at home, health and fitness, and kitchen know-how.

The authors have made an excellent effort to combine in one program a discussion of the survival skills needed for self-care and the feelings associated with the self-care experience. The packet also includes a game that covers some of the same topics. This packet is an excellent resource for counselors wanting to start a developmental guidance unit on home survival skills for children in self-care or for any other group of children.

Fosarelli (1985) believes that it is the parents who should teach survival skills to their children and not the teacher (or counselor). She wonders about possible disagreements between teacher and parent, believes training should begin in the preschool years, and worries that the teacher is not always in the possession of accurate information about the floor plan of a house in case of a fire. More and more of these types of programs are being implemented in the schools, however, due to public pressure.

Many references give lists of suggestions for parents on how to establish the rules for their child in self-care. The best place to look for this type of guideline is in chapter five of *Latchkey Kids* by Robinson et al. (1986). Their guidelines are extensive and excellent.

The buddy system for children in self-care was only mentioned briefly (Toenniessen, Little, & Rosen, 1985). Little has been written about this option: A child walks home with another child every day and has the comfort of knowing that he/she is not the only child in a self-care situation, and that there is someone with whom to share feelings or problems. Older children can be paired with younger children and asked to check on them occasionally.

Telephone hotlines are of some help in dealing with the problems children in self-care encounter. The PhoneFriend project (Guernsey & Moore, 1983) is a

good example of this option for children in self-care. The phone lines are staffed by volunteers from 2:30-5:30 daily, and all day when school is not in session on regularly scheduled days; 4,500 children had access to PhoneFriend and 15 percent were estimated to be latch-key children. The types of calls the volunteers received were mentioned earlier in this paper. The types of responses given by the volunteers included: empathic, 54 percent; gave instructions or suggestions, 32 percent; and referral to another number, 10 percent. Children were most frequently referred to the "Tell-a-Tale" number, a phone company service that narrates children's stories. Volunteers often asked children to call back to let them know how a situation worked out. Many children did call back.

Combination Program. Perhaps the most interesting program reviewed is one that combines adult-care and self-care. The Family Day Care Check-In Project in Fairfax, Virginia (McKnight & Shelsby, 1984) is one example of this type of program. In this program, children are required to check in with their designated adult caregiver in their neighborhood every day after school. Each child has an individual contract about how he/she will spend after-school hours. Provisions of the contracts might range from checking in with the adult to spending the entire time at their home. This program allows for the child's increasing developmental readiness for more and more time alone. How to handle sick days, school holidays, and summer vacation is not addressed in the article. The article also did not explain how the neighborhood caregivers were recruited. One can speculate that this program might have the same problems with recruiting that the intergenerational program encounters.

The Longs (1983) write that "no one model or plan will satisfy the needs of all children or all families in all communities. Each community will likely require a number of approaches to adequately respond to family needs for childcare" (p. 28). This indicates that counselors first need to assess community needs and

... "no one model or plan will satisfy the needs of all children or all families in all communities. Each community will likely require a number of approaches to adequately respond to family needs for childcare."

what is already available before starting any program for children in self-care. One author suggests that "whatever options they choose, parents should be certain they remain in charge of their children, whether they are physically present or not" (*Kids*, 1986, p. 5).

What Further Research Is Needed?

Many gaps exist in the research on children in self-care. Many resources cited in this paper offer suggestions for further research, but few have actually attempted to implement any of their suggestions.

As already mentioned, few developmental guidance self-care units have been developed, and further evaluation of already established adult-care programs need to be done. Robinson et al. (1986) noted that many agencies battle for funds and do not cooperate in serving the children. Fosarelli (1985) thinks that some publically-funded facilities may be superior to privately-funded ones, especially if the privately-funded ones are more interested in profit than in children. In the research covered for this paper, no programs made any mention of profit.

Robinson et al. (1986) point out many of the shortcomings of the current research. They believe that researchers are only beginning to realize they must look at the children within their physical environment. Most research was based on latchkey vs. non-latchkey children without taking into account that not all latchkey children are alike. Research must take into consideration the ways in which children in self-care differ. Fosarelli (1985) suggests these factors need to be considered:

1. Ordinal position of child in family.
2. Self-care vs. sibling-care.
3. Child's age when first left alone.
4. Hours left alone and use of time.
5. Sense of self.
6. Care arrangements for vacations, holidays, illnesses.

-
7. Attitude towards parent's job.
 8. Attitude towards self-care.
 9. Health: nutrition, illnesses, school absenteeism, and injuries. (pp. 5-6)

Galambos and Garbarino (1983) suggest that future studies be based on differences in community characteristics including: the number of playgrounds, local crime rates, friendliness of neighbors, age of members of community, number of children, and neighborhood and family support systems.

Robinson et al. (1986) think that the sampling of most studies has been too small. They see the need for national samples based on a multimethod approach to data collection. They urge that observational techniques be used along with the self-reports and interview techniques which have characterized most studies to date.

Robinson et al. (1986) also suggest that developmental theories such as Piaget, Erikson, or one of the family theories be used as a basis for research. They include in their book questions that each theory would generate for further research.

Fosarelli (1985) best summarizes the problems with the studies done to date: (a) too few have been done, (b) the numbers in each study were small, (c) only one school district was used in each study causing selection bias and making it difficult to generalize findings, and (d) the different studies came to different conclusions about the safety of the child in self-care.

What Can Counselors Do?

At the professional level, counselors can attend conferences and workshops on latchkey children. They can subscribe to the professional newsletters listed in the reference list which deal specifically with the issues facing children in self-care. They can also become involved in lobbying for more funding for schools to establish latchkey programs. Counselors may also consider writing grant proposals for pilot latchkey programs for their particular school district.

Counselors may also consider writing grant proposals for pilot latchkey programs for their particular school district.

At the district level, counselors can become involved in many ways. The work done at the district level often influences what happens at the state level. "Awareness about the needs for services for these children has had its strongest support at the city and county levels. In many cases it is community activity that stimulates interest at higher levels of government" (Coolsen et al., 1985).

Coolsen et al. offer four roles the counselor can fulfill: assess the need and demand for services, know what is already available, examine funding sources, and educate the public. Getting the information to parents on what is available may be one of the most needed services. The Longs (1983) believe that more parents would take advantage of what is available if they knew about the programs. Toenniessen et al. (1985) give an overview of a survey counselors could adapt to assess the conditions that exist with children in self-care in their area before starting a program.

Lefstein (1986) offers suggestions to parents about what can be done at the local level. These include: talking to local organizations, involving the young people themselves, learning what is available, publicizing good programs or working to get better ones, arousing community interest, and planning a program that works.

Robinson et al. (1986) include in their book an eight-step plan for initiating community change for latchkey children. They have an entire chapter entitled *Public Policy, Advocacy, and Latchkey Kids*.

Toenniessen et al. (1985) write that counselors should serve as a referral source, distribute literature, conduct workshops for parents, and conduct in-service training for teachers and administrators. They also give suggestions for direct student support in the form of support groups, after school programs, or individual counseling for those children in self-care experiencing stress from the situation.

... the fact remains that many children are being left in self-care. For some this can be a positive experience; for others a negative one.

Conclusion

Whatever the reasons, and however many the numbers, the fact remains that many children are being left in self-care. For some this can be a positive experience; for others a negative one. As counselors, we should be aware of what makes the self-care experience a potentially negative one. If the reason is the environment in which the child lives, referral to adult-care programs may be necessary. If the reason is lack of appropriate skills, the counselor's role may be to teach those skills in guidance units. If the reason lies within the child's or parents' feelings or attitudes, the counselor may need to do some individual or family counseling. The first step is becoming aware that the problem exists.

Merlyn Pitney, Elementary Teacher
Toledo Public Schools
Toledo, Ohio

Bibliography

For Counselors and Parents

Cole, C., & Rodman, H. (1987). When school-age children care for themselves: Issues for family life educators and parents. *Family Relations*, 36, 92-96.

Contains guidelines for parents to help them assess their child's readiness for the self-care arrangement, for assessing the family's readiness, and for assessing the community's suitability.

Coolsen, P., Seligson, M., & Garbarino, J. (1985). *When school's out and nobody's home*. Chicago: National Committee for the Prevention of Child Abuse.

Discusses national statistics on children in self-care, the risks and benefits of self-care, and children's feelings about self-care. Also addresses some alternatives to self-care and the barriers to developing

such programs. Ideas and resources are listed for parents of children in self-care.

Famum, L. (1987). Child care and early education: A partnership with elementary education. *Thrust for Educational Leadership*, 16(4), 19-20.

A brief history of the nature of childcare and how it has changed to the present time. Also states a simple case for school-based care centers.

Fosarelli, P. D. (1985, February). Children left alone: Latchkey problems—Future research questions and interventions. Paper presented at the Annual Conference of the National Education Association, Washington, DC. (ERIC Document Reproduction Service No. ED 255 313)

Presents and disputes some of the myths surrounding the term "latchkey." Offers suggestions for future research including parental/familial variables and factors affecting the child.

Galambos, N. L., & Garbarino, J. (1983). Identifying the missing links in the study of latchkey children. *Children Today*, 12(4), 2-4, 40-41.

Describes some of the social issues which add to the latchkey problem. In their study the authors found no significant differences between latchkey and non-latchkey children in a rural New York community. Suggestions are also given for further research.

Guerney, L., & Moore, L. (1983). *Children Today*, 12(4), 5-10.

Describes the results of the first year of The Phone Friend project. Discusses some of the interesting problems children in self-care call in about.

Hawkins, M. (1987). *Programming for school-age child care: A children's literature based guide*. Littleton, CO: Libraries Unlimited, Inc.

Includes literature-based activities in the areas of art, creative dramatics, music, and cooking.

Children and books are brought together by integrating literature into the activities in the program. Someone looking for a curriculum for a school-age child care program can benefit from this book.

Kids with keys—Make sure your child is safe. (1986). *PTA Today*, 12(2), 4-5.

Includes a safety checklist for children in self-care. Also offers some alternatives to self-care including options all parents can investigate in their own community. (Two publications that can be ordered from National PTA, 700 N. Rush St., Chicago, IL 60611: *Kids with keys* @ \$.15/copy or \$12.00/100 and *Planning guide: Latchkey children: What your PTA can do* @ \$.50/each.)

Lefstein, L. M. (1986). Good programs are the key to happy and safe adolescents after school. *PTA Today*, 11(5), 7-9.

Describes a study done by the Center for Early Adolescence at the University of North Carolina. Questionnaires were sent out across the nation and 24 of the most effective programs were chosen to be described in a catalog. Also describes a step-by-step process that local PTAs can follow in setting up an after-school program for adolescents.

Long, L., & Long, T. (1982). *Latchkey children: The child's view of self-care*. Baltimore: Loyola College. (ERIC Document Reproduction Service No. ED 211 229)

Describes studies done by the authors on the feelings and experiences of children in self-care.

Long, T. J. (1985, July). *Advice for parents of latchkey children*. Paper presented at the Nova University Ed.D. program in Early and Middle Childhood Summer Institute, Washington, DC. (ERIC Document Reproduction Service No. ED 262 908)

Points out the dangers children in self-care may encounter and ways of avoiding some of these

dangers. Includes eleven tips for parents of children in self-care.

Long, T. J., & Long L. (1983). *Latchkey children*. Urbana, IL: ERIC Clearinghouse on Elementary and Early Childhood Education. (ERIC Document Reproduction Service No. ED 226 836)

Reviews some of the issues and problems associated with the latchkey situation.

Marsh, J. A. (1986). *Latchkey children*. South Bend: Indiana University at South Bend, Exit Project. (ERIC Document Reproduction Service No. ED 279 427)

Shows both positive and negative effects experienced by latchkey children and examines some possible solutions to the problem. Includes 12 annotated citations of research on the effects of self-care and 15 on the programs being used.

Reynolds, R. C. (1985). *What research has to say about latchkey programs*. (ERIC Document Reproduction Service No. ED 267 922)

Addresses issues concerning latchkey children in the U.S. and the need for support for special programs. Emphasizes that research has not shown what are the best types of programs.

Robinson, B. E., Rowland, B. H., & Coleman, M. (1986). *Latchkey kids: Unlocking doors for children and their families*. Lexington, MA: Lexington Books.

An excellent and comprehensive picture of the latchkey phenomenon. Included in the nine chapters are a review of research, issues of child development, levels of self-care adjustment, suggestions for parents, suggestions for educators, and suggestions for further research.

Robinson, B. E., Rowland, B. H., & Coleman, M. (1986). Taking action for latchkey children and their families. *Family Relations*, 35, 473-478.

Contains background on the latchkey problem. Also offers practical suggestions for teachers and parents and includes many resources.

Rodman, H., & Cole, C. (1987). Latchkey children: A review of policy and resources. *Family Relations*, 36, 101-105.

Answers the practical questions parents of self-care children often ask. Discusses the differing attitudes people hold about the self-care arrangement and lists several valuable resources.

Rodman, H., Pratto, D. J., & Nelson, R. S. (1985). Child care arrangements and children's functioning: A comparison of self-care and adult-care children. *Developmental Psychology*, 21, 413-418.

Describes a study done matching children in self-care with those in adult-care. The authors were looking for negative consequences of self-care but found no significant differences. Also points out the limitations of their own research and offers suggestions for further research.

Strother, D. B. (1984). Latchkey children: The fastest-growing special interest group in the school. *Phi Delta Kappan*, 66, 290-293.

Points out some of the positive and negative aspects of school-based child care centers. Also reviews some of the federal legislation that has aided school-based programs.

Toenniessen, C. S., Little, L. F., & Rosen, K. H. (1985). Anybody home? Evaluation and intervention techniques with latchkey children. *Elementary School Guidance and Counseling*, 20, 105-115.

Discusses factors influencing the latchkey experience, gives a model survey for use by school counselors including a student and parent questionnaire, and gives a list of remedies for parents' worries about the self-care arrangement.

Unlocking the latchkey problem. (1987). *Thrust for Educational Leadership*, 16(7), 40-41.

Describes the Kids-On-Kampus, Inc. program in Sacramento and Yolo Counties, California. All responsibility for establishing and running the school-based programs is taken by Kids-On-Kampus.

Walters, K. (1985). *Latchkey children and programs*. (ERIC Document Reproduction Service No. ED 272 270)

Reviews studies on latchkey children from the past fifteen years and relates some of the obstacles for establishing programs.

For Children

Berenstain, S., & Berenstain, J. (1985). *The Berenstain bears learn about strangers*. New York: Random House.

This book tells what a stranger is and how to prevent an encounter with one. It also describes three safety rules to be used in case one does meet with a stranger.

Kyte, K. S. (1983). *In charge: A complete handbook for kids with working parents*. New York: Knopf.

A book for adolescents in self-care or who babysit. Emphasizes the normalcy of the self-care experience. Suggests the family conference as the way to establish roles, rules, and chores.

Kyte, K. S. (1983). *Play it safe: The kids guide to personal safety and crime prevention*. New York: Knopf.

Dangerous situations are presented to children who decide how best to handle them. The correct answers are discussed fully.

Long, L. (1984). *On my own: The kid's self-care book*. Washington, DC: Acropolis Books.

A guide for children ages 8-12 with specific rules for children in self-care. Emphasizes the dangers associated with self-care.

Meyer, L. D. (1984). *Safety zone: A book teaching child abduction prevention skills*. Edmonds, WA: The Chas Franklin Press.

This book is presented in a non-threatening "read along" style for children ages 3-11. Includes preventive tips and referrals to other organizations.

Swan, H., & Huston, V. (1985). *Alone at home: Self-care for children of working parents*. Englewood Cliffs, NJ: Prentice Hall.

This book is intended for 9-14 year old children in self-care. Discusses dangers, describes actual situations, and explains how to master them.

Thaxton, K. (1985). *Safety against strangers: Activity book*. Greensboro, NC: Carson-Dellosa Publishing Co.

The worksheets and activities in this book teach safety against strangers. Also includes some good suggestions for reinforcing safety rules.

Professional Newsletters

Fink, D. B. (Ed.). (Published 3 times/year). *School Age Child Care (SACC) Newsletter*. (Available from School-Age Child Care Project, Wellesley College, Center for Research on Women, Wellesly, MA 02181. Subscription Price: \$18.00/year).

This 16-page newsletter has the latest on school age child care programs and on self-care research and child safety training programs.

Scofield, R. T. (Ed./Pub.). (Bimonthly). *School Age NOTES*. (Available from School Age NOTES, P.O.

Box 120674, Nashville, TN 37212. Subscription Price: \$12.95/year).

This 16-page newsletter on school-age child care deals exclusively with professional care for school-age children.

Specific Programs

Gerencer, L. (1986, April). *Safety against strangers. Second grade.* (ERIC Document Reproduction Service No. ED 273 532)

A teaching unit that outlines 18 activities to be used with second graders. The activities also are useful for small group counseling. The focus is on decision making and preventive measures. Also includes a good annotated bibliography of activities and books for children.

Keys for Kids: A learning packet for self-care/attach key children and their parents. (1985). Columbus: The Ohio State University/Ohio Cooperative Extension Service.

This packet includes a game to help families confront the problems children may face when home alone, a guide for parents, and a children's workbook with rules and activities. Call your local cooperative extension service for ordering information.

KID-TALK 1. (Available from UNAWEEP Software, 406 Ridges Blvd., #6, Grand Junction, CO 81503, (303) 243-6520).

Computer program designed for elementary and middle school students and for use on an Apple IIe or IIc. The counselor sets the topic and the child and "Carly Computer" interact on it. (Topics were not specified.) Price: \$49.95.

McKnight, J., & Shelsby, B. (1984). Checking in: An alternative for latchkey kids. *Children Today*, 13(3), 23-25.

This article describes the Fairfax, Virginia project where one home provider is responsible for 3 to 4 children after school hours. Each child has a contract that delineates what they are allowed to do with their time. For information on adopting the project for your community write:

Betsy Shelsby, Project Director
Family Day Care Check-in Project
Fairfax County Office for Children
10396 Democracy Lane
Fairfax, VA 22030

Shared heritage: An intergenerational child care program. (1985). Sponsored by the Hawkeye Area Community Action Program, Box 789, Cedar Rapids, IA 52406. 800-332-5289. (ERIC Document Reproduction Service No. ED 277 473)

Provides information on one intergenerational child care program (IGCC). Describes several ways in which older persons may become involved in the home child care field. Included are a home interview form, home safety checklist, descriptions of high and low quality care, lists of activities for children, and guidelines for recruiting.

Swan, H., Briggs, S. M., & Kelso, M. (1985). *I'm in charge: A self-care course for parents and children.* Kansas Committee for the Prevention of Child Abuse, 435 S. Kansas, Topeka, KS 66603. Film available (Lord of the Locks) with instructor's and parents' manuals.

A five-session course to help both parents and children decide if self-care is appropriate for them. This course has been field tested and reported effective by the National Committee for the Prevention of Child Abuse.

Audiovisuals

Cohen, S., Fransecky, R., & Segal, S. (1985, March). *Latchkey families project* (3/4" videotape). New York: National Television Workshop, 485 Fifth Ave., Suite 1042, New York, NY 10017.

Included are a two-week series of special TV programs reviewing issues of latchkey families in the Philadelphia area, a booklet on the project, fact sheet for parents, and a contract for healthy latchkey families.

Lord of the locks. (1985). Topeka: Kansas Committee for Prevention of Child Abuse, 435 S. Kansas, Topeka, KS 66603.

A 30-minute film for 8-11 year olds. Presents several self-care issues.

MacDonald, D. (1985). *In charge at home: Latchkey children.* Studio City, CA: FilmFair Communications.

A 20-minute training film for primary and intermediate children that realistically presents four self-care situations that represent a variety of family lifestyles. It is also available in 16mm film and 3/4" and 1/2" videotape. Price: \$400.

STRESS MANAGEMENT FOR CHILDREN

"To everything there is a season and a time to every purpose under heaven" (Ecclesiastes, Chapter 3). This ageless biblical passage implies change and the passage of time. The statement continues "a time to be born and a time to die." One can only speculate about the amount of actual change that occurs between these two events that encapsulate a life. There is no escaping, each of us must face change. Some changes are positive, some negative, yet either type of change can be stressful.

Stress is a "generalized reaction by the body to a demand placed upon it" (Bauer, 1987). A certain amount of stress is inevitable and even valuable in our lives. It aids us in protecting ourselves and enables us to accept and complete challenges. Long periods of stress or grave amounts of stress can be harmful.

The effects of stress can have negative consequences for an individual's physical health and emotional well-being. Physical stress and psychological stress are the two forms of stress identified by Heuchert and Schultz (1983). Stress is present when there is a stressor and a response to the stressor. Blom, Cheney, and Snoddy (1986) describe a stressor as a chronic environmental situation or an acute life event causing disequilibrium in a person. When a person makes an adjustment reaction to the stressor, this adjustment is referred to as the response.

The way in which an individual reacts, or responds, to the stressor plays a major role in determining the overall effect of stress according to McNamee (1982). The outcome of stress may be distress or eustress. Bauer (1987) defined distress as "stress caused by a frustrating, unsettling, or harmful situation." Bauer defined eustress as referring to situations of stress that are pleasant in nature.

Stress in adults has historically received much attention. Only recently has attention been given to the subject of stress in children and their coping skills.

Stress in children can be measured. James H. Johnson (1986) recognizes the Coddington Life Events Record as the best known and most widely used instru-

A certain amount of stress is inevitable and even valuable in our lives. It aids us in protecting ourselves and enables us to accept and complete challenges.

ment in assessing stress in children. The Life Events Record is similar to the Schedule of Recent Experiences used to evaluate stress in adults (Johnson, 1986).

The elementary-level version of The Life Events Record consists of 36 events. When using this evaluative instrument with younger children it can be helpful to have the parents aid in communicating the child's responses. Children are asked to identify which events have occurred in their lives and the number of times each event has occurred recently. The life stress scores are obtained by adding the values of "life change units" assigned to a variety of events experienced (1986). The total life stress score is the sum of these. Normative data has been gathered with the Coddington Life Events Record which Johnson describes as suggesting "a strong relationship between the amount of life change experienced and the age of the child." This evaluative instrument ascertains whether a child has experienced higher levels of life change than his or her normal peers. A school counselor can utilize results of The Life Events Record to aid a student on an individual basis and also provide evaluation on a group level.

Another version of this scale appeared in the Good Housekeeping magazine article, *Do We Push Our Kids Too Hard?* (Elkind, 1987). The stress scale from this article is included as Figure 1 on the following page.

Signs or symptoms of stress may be physical, emotional or behavioral. In children some of these symptoms may include an increase in clumsiness or a higher frequency of accidents. Bauer (1987) refers to this as "accident proneness." Aggressiveness, displays of anger and withdrawal may also appear. Further signs of stress, according to Bauer, include pulling or twisting hair, nail biting, stuttering, and deviant school behavior. It is important to note that all these potential signs of stress are not necessarily caused by stress.

Children are often in situations involving change that they have no control over. Some of these changes occur in the school and some in the home. On an even larger scale, some of these changes occur in society.

Figure 1
Stress Scale

A STRESS TEST FOR YOUR CHILD

The following scale estimates the impact of various changes in children's lives. Add up the points for all the changes your child has experienced in the last year. Scores below 150 are about average. Children with scores between 150 and 300 have a better-than-average chance of showing some symptoms of stress. If your child's score is above 300, there is a strong likelihood that he or she will experience a serious health and/or behavior problem.

STRESS	POINTS	STRESS	POINTS
Parent dies	100	Changes in responsibilities at home	29
Parents divorce.....	73	Older sibling leaves home.....	29
Parents separate	65	Trouble with grandparents	29
Parent travels as part of job	63	Outstanding achievement.....	28
Close family member dies	63	Move to another city	26
Personal illness or injury	53	Move to another part of town	26
Parent remarries	50	Receives or loses a pet	25
Parent fired from job	47	Changes personal habits.....	24
Parents reconcile	45	Trouble with teacher	24
Mother goes to work	45	Change in child-care hours	20
Change in family member's health	44	Move to a new house	20
Mother becomes pregnant	40	Changes to a new school	20
School difficulties	39	Changes play habits	19
Birth of a sibling	39	Vacations with family	19
New teacher or class	39	Changes friends.....	18
Change in family finances	38	Attends summer camp	17
Close friend is hurt or ill	37	Changes sleeping habits	16
New extracurricular activity	36	More or fewer family gatherings	15
Change in number of fights with		Changes eating habits	15
siblings.....	35	Changes amount of TV viewing	13
Fears violence at school	31	Birthday party	12
Theft of personal possessions	30	Punished for lying	11

David Elkind, *Good Housekeeping*, September 1987.

Some important areas of American society undergoing change and reconstruction today include the family, the economic domain and the educational system.

Perhaps the most obvious facet of American society undergoing profound change is the family. Family, a word with a diverse definition, includes a wide range of living arrangements. Major issues undergoing change in the American family include age of first marriage, divorce, and remarriage.

The age of first marriage has been increasing over the years. The median age for first marriage for men is now 25.7 years, and for women 23.1 years (Norton, 1987). This postponement of marriage has many ramifications: smaller family size; more working parents; and more "never married" single-parent families.

All of these changes affect parents and children. More working parents results in more latchkey children, and an ever greater need for quality day care facilities. The trend toward smaller families means that in the future people will have fewer "significant others" to rely on for support.

The trend toward smaller families means that in the future people will have fewer "significant others" to rely on for support.

At first glance, the possibility for marital success that is correlated with increased age of first marriage casts a hopeful light on future divorce trends. However, Norton warns that a decline in divorce rates is not on the horizon. At present, the United States has the highest divorce rate in the world. Consequently, a great many people, including children, will encounter the traumatic experience of divorce.

According to Norton (1987), as a result of our high divorce rate, close to 1/4 of the nations' 60 million children under 18 years of age live with only one parent. Single-parent families often are composed of minorities who are poorly educated, live at poverty level, and move a lot. All of this creates stress for the children involved who must constantly face change and pressure to adapt.

Remarriage is an important change in American family life. Remarriage leads to many "step" relationships. The high rate of remarriage is such a recent trend

that little research is available. It is known that these "atypical" family relationships lead to complex and fragile "new" families with much potential stress for the children living in them (Norton, 1987).

Divorce and its consequences will continue to be a major concern to our society. Divorce is clearly a profound source of change and stress for the children caught up in it. Stressors that result from divorce include: a possible move (new school and friends), a strained relationship with the noncustodial parent and separation from extended family and significant others.

The economic domain in American society is also undergoing change. America has become a "debtor" nation (Jennings, 1987) due to our dependence on investments from other countries. America no longer enjoys the status of being the world's major economic power. This change will eventually, if it hasn't already, affect the standard of living in America. Jennings refers to this economic crisis as the "Sputnik of the Eighties." At present, the United States is trying to catch up technically and economically with Japan.

Guidance and counseling can play a significant role in this effort to reposition the United States as a world economic power. Of particular significance will be aiding students in the improvement of their academic performance. One of the many ways school counselors assist students is by providing them with stress management skills and techniques to help them cope with increased pressure to perform.

The educational system is yet another facet of American society undergoing change. Educational proficiency and economic competitiveness are interrelated. According to Jennings (1987), the United States educational system must awaken to the necessity of improving its schools. In the 1983 report *A Nation at Risk*, the National Commission on Excellence in Education stated that direct links exist between educational achievements and the ability to compete in the world economy. The report went on to note that if the nation is to improve its competitive ability it must improve its schools. The

Divorce and its consequences will continue to be a major concern to our society.

Divorce is clearly a profound source of change and stress for the children caught up in it.

One of the many ways school counselors assist students is by providing them with stress management skills and techniques to help them cope with increased pressure to perform.

Commission said that federal funds will be needed to finance state and local efforts to improve schools in key areas. These areas include special programs for the gifted and talented, the socioeconomically disadvantaged, minority students, and handicapped students (Jennings, 1987). The report and its recommendations were ignored. The federal government cut funds and many special programs went down the drain.

Without increases in federal funds for special programs, perhaps the only way to improve our schools is to improve standards. In the 19th annual Gallup Poll of the public's attitude toward the public schools, by a seven to one margin, the public believes raising standards is an effective way to improve educational quality.

After several years of painful struggling by local school systems to increase standards in spite of loss of federal funds, the federal government is once again willing to help. In 1987 Congress, with prompting from business, increased federal aid to schools (Jennings, 1987).

With public pressure from both the business and private sectors to improve standards in the schools, pressure to perform is a potential source of stress for students and the need for students to develop coping skills will increase. Coping skills for students can be viewed in two ways. First, the need for developing coping skills results from increased pressure on students by society for the improvement in performance that will follow from new and higher standards. Second, the development of coping skills will allow students to use their energies more effectively to perform well academically.

The need for elementary school counselors is increasing. As students encounter the problems inherent in our changing American society, schools must play an even greater role.

Classroom teachers and administrators already have overwhelming responsibilities. Teachers and administrators are "burning out" at a record rate (Jones, 1987). Many also lack the training necessary for assuming

The need for elementary school counselors is increasing. As students encounter the problems inherent in our changing American society, schools must play an even greater role.

these new roles. Elementary school counselors are the ones who possess the professional skills necessary to fill these new roles. They can help students contribute to school improvement and, thus, increase the potential of America to compete on a global scale.

Many areas exist in which elementary school counselors can be influential. The focus here will be on stress management and the development of coping skills.

The stressors experienced by students in a typical classroom in America are numerous. Some have already been cited in this paper: the changing family, divorce and the blended family, and increased expectations for performance. Other potential sources of stress also exist: abuse (physical, verbal, sexual); parental alcoholism; latchkey situations; death; suicide; birth; high parental expectations; separation anxiety; test anxiety; and even just daily life.

Individual counseling for these types of problems may be the ideal but it may not be possible in a school setting. Group counseling may be more conducive to providing students help in coping with stress. Research on child stress is in its infancy. At present there are more inquiries and problems than solutions or statistical documentation. Yet, one finding stands out: Prolonged and intense stress influences children's health and their adjustment to society.

Coping, as defined by Daniel Webster, is the skill of handling situations in a successful manner. Coping skills are necessary if students are to manage their stress. These skills can be learned from the elementary school counselor or the classroom teacher and the parent (with the counselor's assistance).

The following counseling techniques for use in developing coping skills are included here because of their effectiveness with the elementary student. The accessibility of the materials required, cost considerations and flexibility were also part of the selection criteria for these techniques.

... one finding stands out:
Prolonged and intense stress influences children's health and their adjustment to society.

The rationale for assertiveness training is the overall reduction in stress that results when students are able to express themselves. Once students learn how to have their needs met, their self-esteem increases.

Assertiveness Training

The rationale for assertiveness training is the overall reduction in stress that results when students are able to express themselves. Once students learn how to have their needs met, their self-esteem increases.

According to Carol Sensor (1986), three types of behavior need to be addressed when teaching assertive behavior: passive, aggressive, and assertive.

Exploring passive behavior allows students to gain insight into situations where people who have no real regard or concern for them take advantage of them. On the other hand, aggressive behavior assumes superiority. An aggressive person prefers win or lose situations which only the aggressive one can win. Assertive behavior is reconciliation between these two extremes. Assertive behavior allows needs to be met without harm to others. It also requires the taking of responsibility for one's actions.

Role playing is the key to helping children develop assertive behavior. In practicing these skills the students are aided in transferring these skills to their everyday life situations. The benefit of assertiveness training is in the reduction of stress. Assertiveness training is a preventive measure and, therefore, it is difficult to document its effectiveness as a coping skill.

Bibliotherapy

Mura and Dinkmyer invented the term bibliotherapy to describe the use of books and stories in therapy (Fassler, 1978). The use of literature suited for young listeners to convey feelings, ideas, and behavior is an effective tool in stress management. *Helping Children Cope*, a book by Joan Fassler, uses bibliotherapy to tell stories about topics that are potential sources of stress for children. Some of these topics include divorce, separation anxieties, illness and lifestyle changes.

Kiddie QR (Quieting Reflex)

Ragan and Hiebert (1987) report on a field test of a relaxation program for young children. The Kiddie QR is based upon a similar adult procedure with the exception that the main emphasis is upon "mental imagery." Mental imagery is used to produce feelings of relaxation in place of feelings of tension.

In the Kiddie QR program, children are introduced to 16 "body friends." "Magic Breathing Holes" is an example of a general relaxation body friend. Students are told to breathe through magic holes in their feet which leads to deep abdominal breathing that enhances the relaxation process. Students are taught to become aware of increased tension and to implement the appropriate technique to counteract that tension. This is achieved through a series of guided imagery exercises.

Classroom teachers were given training before implementing the program. Pre-test and post-test data were collected with results revealing a decrease in response anxiety. This program is apparently very beneficial to young children.

Relaxation and Imagery Training (RIT)

Relaxation and Imagery Training (RIT) is a procedure that includes both meditation and hypnosis. An individual using RIT simply relaxes and then envisions the desired behavior as if it were occurring at that moment. The advantage of this stress management technique lies in its flexibility; RIT can be used to cope with all kinds of stressful situations. Research suggests that RIT is effective with young children (Carey, 1986).

Free Writing

Free writing is a "way of eliciting direct expression of feeling and thoughts" (Klingman, 1986). It can be leader guided or initiated by the student. Free writing is based on the premise that writing down one's feelings and

thoughts helps to crystallize them. By doing this, the writer is provided with a more realistic view of the stressful situation.

The procedure includes informing the writer that content is what is of interest and no grades will be given. Free writing sessions, as described by Klingman (1986), include:

1. Warming up exercise, e.g., write four yellow sentences without using the word yellow.
2. Introduction of a stimuli followed by the writing of a response to it.
3. Group discussion of feelings and thoughts experienced while writing.
4. Voluntary reading of the free writings.
5. Summing up of the session.

Rechanneling

Rechanneling involves identifying the source of stress and regulating the response to it. Gerard Giordano (1987) believes rechanneling can be helpful in reducing stress in early elementary students.

Giordano first suggests that an anxiety inventory be taken. Next, sources of stress from the inventory are presented in a nonthreatening manner. By doing this, the anxiety associated with the stressor can be channeled into increased attention, retention, understanding, and motivation to communicate about the stressor.

Four activities are outlined by Giordano to be used in the classroom:

1. **Thematic units.** Collections of materials and activities relating to a particular topic are assembled. Activities utilized, depending upon the age of the student, are talking, reading, writing, drawing, listening, and creative drama to explore potential stressors. Predictable stressors for young children, such as fear of separation, and monsters, can be preassembled to be used as needed.

2. **Classroom visitors.** Restructuring the thought of a child can result from classroom visitors. Such visits give children the opportunity for interaction with the potential stressor, thus providing familiarity and relieving the magnitude of the stress. An example of this would be a doctor discussing a possible hospital stay, or an animal trainer explaining animal safety.

3. **Pictorial display.** A picture that reflects those items identified in the anxiety inventory is displayed. This display can be utilized as a springboard for discussion. The anxiety associated with the situation may be reduced just by allowing the student to experience the stressor in a nonthreatening environment.

4. **Research reports.** Topics selected by the students for reports are taken from an anxiety inventory list. Students may use material collected by the teacher or compile their own resources. Reports are presented to the class. These presentations allow the students to learn about what others find stressful.

The underlying premise of rechanneling is that having information about a potential stressor may alleviate the stress. The anxiety associated with the potential stressor is rechanneled to be used as a source of motivation to learn more about the stressor. This process must occur in a nonthreatening environment.

Rational Emotive Therapy (RET)

Rational emotive therapy (RET) is based upon the premise that stress may result from a student's interpretation of the stressor as well as the stressor itself (Carol Seneca, 1986). According to the theory of RET, thinking influences feelings. Much like the "thinking" of *The Little Engine that Could*, "I think I can, I think I can, I think I can, I . . .," building feelings of confidence provides a means to accomplish a goal.

RET can easily be incorporated into a curriculum or used independently.

Problem Solving

Problem solving in children involves identifying the problem, determining and evaluating alternative solutions and selecting the solution with the most desirable outcome. Parental involvement is a key factor in the development of problem solving skills in children (Chaddy and Elias, 1988).

Biofeedback

Biofeedback is a term used to describe "feeding back" physiological information. Different devices and techniques are utilized in providing this feedback. Because of the cost of some devices, and counselors' time required, biofeedback may not be practical or feasible for use in all schools. However, research indicates that biofeedback is an effective stress management technique (Sensor, 1986).

Children's Anxiety Management Program (CAMP)

CAMP was developed by Pfohl in 1980. The goal of this program is to teach children in a classroom setting to cope with stress by learning a broad base of behavioral skills. It is a comprehensive program utilizing many proven techniques effective with elementary age children. CAMP must be implemented by a teacher or counselor with 15-20 minute sessions, two to three times a week, over a period of 30 weeks. CAMP consists of five modules: cognitive restructuring (RIT), imagery relaxation, problem solving skills, and assertiveness training (Johnson, 1986).

All of these techniques of stress management may be used by parents, though some modification may be necessary. Training sessions for parents may also be valuable.

In developing a program it may be beneficial to utilize Mathews Stress Management Formula (Mathews, 1986):

Awareness+Benefits+Change+Dependency=Relaxation
(A + B + C + D = R)

In essence, this formula suggests that the awareness of stress, plus the benefits of coping techniques, leads to a changed response to stress.

Parental Involvement

Professional educators must join parents as partners to provide their children with the best education possible. When parental involvement is encouraged, the consequences are positive. The National Committee for Citizens in Education publishes documentation of research supporting the positive values of parental involvement. In *The Evidence Continues to Grow*, 49 studies are cited which document the positive results of parental involvement (Henderson, 1988). The consequences of parental involvement include:

1. Higher grades and test scores.
2. Long-term academic achievement
3. Positive attitudes and behavior
4. More successful programs
5. More effective schools

The elementary school counselor can encourage parental involvement by being a member of a planning team, providing training to parents, providing training in encouraging parental involvement to teachers, and doing public relations in the community. These are key concepts in developing effective parental involvement programs. In addition, it is extremely important that an effective parental involvement program be comprehensive, long-lasting, and well planned (Henderson, 1988).

To summarize, our changing American society, particularly the family, economic domain, and educational system, may be a source of stress for children. Due to the many types of stressors, it may be difficult to address every source of stress in the elementary school situation. Yet, coping skills can be taught whatever the

Professional educators must join parents as partners to provide their children with the best education possible.

The role of the elementary school counselor must be one of an advocate for children.

source of the stress. Emphasis should be placed on providing skills to as many children as possible for coping with a diversity of stressors.

The school environment itself may be threatening and a source of stress for children. Testing and evaluation are examples of potential sources of stress for children in our schools. The nature of the educational system itself deems it necessary for children to develop coping skills. The role of the elementary school counselor must be one of an advocate for children.

The need exists for more research and documentation in the area of stress management for children. Elementary counselors have a responsibility to provide appropriate programs at the local level.

A need also exists for a network for counselors to share ideas, problems, frustrations and successes. The ERIC Counseling and Personnel Services Clearinghouse is one example of the type of network that leads to effective professional communication.

In conclusion, the benefits of stress management are both short- and long-term. Children who are given the opportunity to learn how to cope with everyday stressors are reaping short-term benefits. Healthy, well-adjusted adults who are good role models for their children will be the long-term benefit of stress management at the elementary level.

Kristine C. Kunkle, Teacher

Bibliography

Barol, B. (1988, January). The eighties are over. *Newsweek*, pp. 40-48.

An overview of the last ten years is given. Specific statistics are cited in the areas of politics, family, health, and economics. Predictions are made for the 1990s.

Bauer, K. L. (1987). What you can do about childhood stress. *PTA Today*, 12(4), 7-8.

Defines stress and states the difference between adult and child stress. Adult attitudes and their effect upon child stress are addressed, symptoms of child stress are cited, and ways parents and children can deal successfully with stress are presented.

- Blom, G. E., Cheney, B. D., & Snoddy, J. E. (1986). *Stress in childhood*. New York: Teachers College Press.

Teachers and other professionals are the intended audience of this book. Includes an introduction to and definition of stress. Discusses stressors in childhood, neurochemical aspects of stress, how social-emotional development is affected by stress, and coping skills.

- Carey, A. R. (1986). Imagery: Paintings in the mind. *Elementary School Guidance and Counseling*, 21, 150-154.

Discusses relaxation and imagery training (RIT). A case study utilizing RIT is described. Cautions are cited about the appropriate use of RIT with children.

- Chabby, J. F., & Elias, M. J. (1988). Your child can learn to make decisions. *PTA Today*, 13(1), 14-15.

Discusses how to help children develop decision-making skills. Techniques for developing the skills include identifying problems and feelings associated with making decisions.

- Clark, D. L., & Gallup, A. M. (1987). The 19th annual Gallup poll of the public's attitude toward the public schools. *Phi Delta Kappan*, 69, 17-30.

Presents the most recent Gallup poll of the public's attitude toward the public schools. Views expressed by people with no children, parents of public school children, and parents of children not in public schools are presented. The results of the poll are explained.

Dunn, J. F. (1984). *Studying parents, children and charges in the family*. Paper presented at the Third Asian Workshop on Child and Adolescent Development. (ERIC Document Reproduction Service No. ED 273 360).

Addresses recent changes in the family including the shift away from the mother-child relationship in early childhood, stress resulting from family changes, and strategies to handle this stress.

Elkind, D. (1987, September). Do we push our kids too hard? *Good Housekeeping*, pp. 117-119.

Discusses the school, the media, and parents as stressors. Provides a stress test to evaluate a child's stress level. Also includes suggestions for reducing stress such as modeling and effective communication.

Elkind, D. (1987, May). Super kids and super problems. *Psychology Today*, pp. 60-61.

Addresses pressures contemporary parents place on their children to perform. Cautions parents not to evaluate their own success through the success of their children.

Elkind, D. (1981). *The hurried child*. Reading, MA: Addison-Wesley Publishing Company.

High expectations for children may result in high stress levels. Contemporary parents tend to view their own success through their child resulting in increased pressure to perform. School and media are identified as two potential stressors that often lead to the "hurried" child. The author suggests ways to relieve this "hurrying" tendency.

Epstein, L. (1988). How do we improve programs for parent involvement? *Educational Horizons*, 66(2), 58-59.

Presents five types of parental involvement. Includes suggestions for increasing parental

involvement. Cites special topics to consider for a comprehensive parent program.

Fahs, M. E. (1986). *Students coping with academic and social stress in an inner-city middle school*. Paper presented at Public Education Association, New York, NY. (ERIC Document Reproduction Service No. ED 283 914)

A paper about coping in an inner-city intermediate school. Suggests that coping can be defined by many intricate thoughts and behaviors. Also addresses gender differences in coping.

Fassler, J. (1987). *Helping children cope*. New York: The Free Press.

Discusses bibliotherapy with five chapters focusing on five different potential stressors for children: death, separation, hospitalization, illness, and lifestyle changes. References are given along with a bibliography of children and adult books.

Ferber, J. (1987). A quick guide to educational lingo. *Scholastic Update*, 120(5), 18.

A brief listing of terms that have emerged in education in the past 20 years. Terms defined include Sputnik, secular humanism, and back to the basics.

Giordano, G. (1987). Rechanneling anxieties. *Academic Therapy*, 22, 535-538.

Recognizing and regulating anxiety is discussed. Presents five different ways of rechanneling the energy used to react to stressors.

Henderson, A. T. (1988). Good news: An ecologically balanced approach to academic improvement. *Educational Horizons*, 66(2), 60-62.

Discusses benefits of parents becoming involved in the academic improvement of their children. Includes studies that support parental involvement. Presents a format for a successful parental involvement program that includes careful planning and a comprehensive approach.

Heuchert, C. M., & Schultz, E. W. (1983). *Child stress and the school experience*. New York: Human Sciences Press, Inc.

Discusses the management of stress in schools and identifies adaptive coping skills.

Hiebert, H., & Ragan, L. (1987). Kiddie QR (Quieting Reflex): Field testing a relaxation program for young children. *The School Counselor*, 34, 273-281.

Examines the ramifications of utilizing Kiddie QR (Quieting Reflex) in the classroom setting. Outlines and defines a treatment program. Includes results and a discussion of the results.

Humphrey, J. H., & Humphrey, J. N. (1981). *Reducing stress in children through creative relaxation*. Springfield, IL: Charles C. Thomas Publishers.

Offers a detailed description of relaxation techniques. Provides an overview of the concept of stress with a major emphasis on stress reduction through relaxation utilizing creative movement.

Jennings, J. F. (1987). The Sputnik of the eighties. *Phi Delta Kappan*, 70, 104-109.

An overview of education in the U.S. in the last ten years is given with emphasis on governmental findings and involvement in education. The economic crisis of the U.S. in the world market is addressed as the Sputnik of the eighties.

Johnson, J. H. (1986). *Life events as stressors in childhood and adolescence*. Beverly Hills, CA: SAGE Publications, Inc.

Focuses on the most recent findings about life events and their impact on the health and adjustment of children.

Jones, P. M. (1987). Can Americans learn from foreign schools? *Scholastic Update*, 120(5), 16-17.

Presents a comparison of U.S. and Japanese educational systems. Notes that Japan's long school day

and long school year and the pressure they place on children to perform is extremely stressful for children. The adaptability of U.S. students is cited as a strong positive characteristic of the American educational system. Adult education is cited as the key to making the U.S. system competitive with Japan's system in the future.

Klingman, A. (1985). Free writing: Evaluation of a preventative program with elementary school children. *The Journal of School Psychology*, 23, 167-175.

Focuses on self-expression as a stress management tool. Presents a workshop case study that emphasizes the positive effects of free writing.

Matthews, D. B. (1986, February). *Stress management model for elementary/middle/high school*. Paper presented at the annual meeting of the Association of Teacher Educators, Atlanta, GA. (ERIC Document Reproduction Service No. ED 267 026)

Matthew's stress management formula is suggested for use when developing a stress management program. The formula consists of awareness, benefits, change, and dependency on stress management techniques resulting in relaxation ($A+B+C+D=R$).

Matthews, D. B. (1986). *A comparison of relaxation strategies*. Orangeburg: South Carolina State College. (ERIC Document Reproduction Service No. ED 283 095)

Presents a case study comparison of four stress management techniques: progressive relaxation, autogenics, neutral stimulus, and guided imagery. The comparison focuses on the physiological and cognitive effects of coping skills. Results are presented along with a reference list, appendices, and tables.

McNamee, A. S. (1982). *Children and stress: Helping children cope*. Washington, DC: ACEI Publications.

The focus of this book is upon stress and children. A description of varying types of stressors is included. Describes types of stress children experience and discusses stress management techniques including relaxation, creative movement, and meditation.

Nemortas, G. (1986). *Implementation of a program to reduce stress in middle school alternative educational students*. Practicum report. (ERIC Document Reproduction Service No. ED 282 146)

Report focusing on the feasibility and effectiveness of relaxation. The findings reinforce the benefits of relaxation training in the regular school curriculum.

Norton, A. J. (1987). Families and children in the year 2000. *Children Today*, 16(4), 166-169.

Provides a comprehensive view of the American family. Statistics are presented concerning marriage, divorce, and remarriage and trends that relate to these statistics are cited

Prager-Decker, I. "Stressing" relaxation in the classroom. (ERIC Document Reproduction Service No. ED 240 085)

Studies focusing on childrens' reaction to stress are cited. Also covered are stressful life changes and resulting physical and behavioral reactions. A unit for stress management utilizing deep muscle relaxation, guided visual imagery and yoga is described and ways to implement and evaluate the unit are presented.

Rotter, J. C., & Wilson, N. H. (1986). Anxiety management training and study skills counseling for students on self-esteem. *The School Counselor*, 34, 18-31.

Presents three techniques to reduce stress: anxiety management training, study skills counseling, and modified anxiety management. Includes an outline of procedures and instruments used in a case study.

Scott-James, D. (1988). Families as educators: The transition from informal to formal school learning. *Educational Horizons*, 66(2), 66-69.

Addresses the role of the family from infancy through adolescence. The ways in which parents' participation in school influences the success of the student is reviewed. Presents ideas for working toward mutually supportive families and schools.

Sensor, M. C. (1986). *Stress management for children*. Des Moines, IA: State Department of Public Instruction, Division of Special Education. (ERIC Document Reproduction Service No. ED 271 710)

Stress and its impact on children is the focus of this handbook. An introduction to the subject of stress is given and stress management techniques and how to teach them to children are discussed. A bibliotherapy reference is provided along with a reference for professionals.

CHILDREN OF DIVORCE

One seldom encounters a "victimless" divorce (Schlesinger, 1982). Even if the parents and children later view the divorce as having a positive effect upon their lives, the pain and adjustment that result from divorce cannot be avoided. Divorce can contribute to marked changes within the lives of children. The emotional upheaval that children experience during a divorce may manifest itself in behavioral and learning difficulties. Poor concentration, inferior schoolwork, withdrawal, and fighting are a few of the problems that may surface within the classroom. When school counselors are part of the child's environment, they may be the ideal source of support for those children whose parents are divorcing (Hammond, 1979).

Even if the parents and children later view the divorce as having a positive effect upon their lives, the pain and adjustment that result from divorce cannot be avoided.

Children of Divorce: One Study

Wallerstein (1984) conducted a study of 131 youngsters who were between the ages of 2 1/2 and 18 years old at the time of the marital separation. The original study found that young children, with only a few exceptions, were the age group most distressed by the family crisis.

The second stage of the study, 18 months later, revealed decline among children who at first seemed to have survived the initial breakup without significant impairment. Little boys, who were only slightly below little girls in their level of adjustment at the time of the marital breakup, were considerably more troubled at home and school at the 18-month mark.

After five years there was evidence indicating a strong correlation between adequate adjustment of the children and the general quality of life within the post-divorce family. Moderate to severe depression existed in over one-third of the entire sample after five years.

Ten years later the researcher contacted as many from the original group as possible to confirm exactly how the divorce experience still affected the children. Few memories of the predivorce family or of the marital breakup were retained. A significant proportion sadly related their emotional and economic problems since the

Preschool children, who appeared to be the most distressed at the time of the marital disruption, emerged after ten years less consciously troubled than their older siblings.

divorce. Half of the sample still fantasized about possible reconciliation. The children spoke of an appreciation, close ties, and concern for their custodial mothers, as well as some anger at the mothers' emotional and physical unavailability over the years. Their relationships with their noncustodial fathers varied depending upon the extent of contact with their fathers. Adolescent girls found an intense need to establish relationships with absent fathers.

Preschool children, who appeared to be the most distressed at the time of the marital disruption, emerged after ten years less consciously troubled than their older siblings. This interesting finding was primarily because of the immaturity of the preschool children at the time of the divorce and their ability to repress the unhappy memories.

Children of Divorce: Feelings

Although Wallerstein's study (1984) was only one such finding that related to the emotional difficulties of children of divorce, it accurately expressed the trauma associated with the upheaval of the family unit.

Hyde (1981) stated that for many children the period of mourning during a divorce is not as intense as when a parent dies, yet basically follows the same stages. At first the children find it impossible to believe that the family is falling apart. This belief is followed by sadness, because the children cannot see one parent as often as before. Feelings of anger and guilt follow. Many other emotions, such as embarrassment, abandonment, insecurity, jealousy, and loneliness, also present themselves to challenge the children's well-being.

It is common for children to blame themselves for their parents' divorce and feel guilty, especially at the time of the initial separation. This self-guilt children experience allows them to feel in control of the situation. As long as children permit themselves to be the reason for their parents' separation and divorce, they

believe they also possess the power to convince their parents to reconcile (Gardner, 1970).

Of a group of 30 students who met weekly, 28 expressed the belief that they were to blame for their parents' divorce. At first they blamed one parent, then the other, but eventually they blamed themselves (Hyde, 1981). Sometimes the blaming of self may be silent. The children tell themselves that they cannot do anything right, and they had better stop making mistakes or they will cause trouble for others the way they did for their parents (Hyde, 1981). A sense of disappointment because of their inability to convince their parents to reverse the decision to divorce often accompanies this self-blame.

Anger is another feeling that children of divorce experience (Gardner, 1970; Hyde, 1981; Richards and Willis, 1976). The children do not understand why, if they love their parents, their parents cannot love one another. Many children feel that what is happening to them is unfair. Children may feel bitterness toward their mother for allowing their father to leave and then, after the divorce, for not having time for them because of economic pressures that require them to work long hours. Also, children are often infuriated when they are neglected by the noncustodial parent and find it difficult to understand his absence at important times in their lives.

Children of divorce may feel embarrassment and not want others to know of the divorce. Children may feel that something is wrong with them when their parents divorce and, therefore, they are different from others. Children may make up stories about the reason their father is not at home and no longer invite friends home. Children may even stop playing with friends for fear that the secret will be brought into the open. If the parents fight during the marital split, their kids may not want friends and neighbors to know; they may worry about what others are thinking (Gardner, 1970; Hyde, 1981; Richards & Willis, 1976).

... children are often infuriated when they are neglected by the noncustodial parent and find it difficult to understand his absence at important times in their lives.

During this distressful time children may feel abandoned by the parent who moves away. They may also fear that the remaining parent will leave. A child might make a bid for attention by doing harmful things, such as playing with matches or skipping school, which are meant to make the parent stay close and protect the child. When the noncustodial parent cannot visit because of distance, some children interpret this as abandonment. During the separation and divorce, when the parents are wrapped up in their own problems, youngsters may feel that the parents do not care about their problems (Gardner, 1970; Hyde, 1981).

Insecurity is another feeling common to children of divorce. What if something happens to Mom? Who will take care of them? Even if Mom convinces them that if she could not take care of them, dad would, children still worry that maybe their father could not. Children fret that they will lose their home and be without food and clothing. Children also may become concerned if mother remarries. Will the stepfather like them, and will they like the stepfather? Children may question whether they will want to marry in the future. They may feel insecure about their own lovability and their ability to sustain a lasting marriage (Rofes, 1981).

After the divorce children may fear for the future. If mom begins to date, they may feel jealous. They may believe they are in competition for mom's love. Youngsters may feel lonely when dad is not around. When the children are with dad and his new friends, they may feel left out (Gardner, 1970; Hyde, 1981).

Role of the School Counselor

Even if the reasons for all these feelings are unfounded, the emotions are still very real to the children experiencing them. Children must learn to come to terms with the way they feel, or it could lead to concrete behavioral problems that will affect learning processes. Since children spend more time in school than anywhere else outside of the home, the school is an essential setting for

Children may question whether they will want to marry in the future. They may feel insecure about their own lovability and their ability to sustain a lasting marriage.

providing services to help children cope with their parents' separation and divorce. The school counselor can be the support that children of divorce are seeking. Children must vent their feelings in appropriate ways to begin the healing process. According to Tedder, Schuerman, and Wantz (1987) the counselor must focus on three issues: (a) Helping children understand and cope with their feelings, (b) helping children understand what is happening in their families and why, and (c) guiding children toward decisions about what to do and when to do it.

Children do learn from one another. Group counseling can be used by the school counselor to help children of divorce make the most satisfying adjustment. Results of a study of children of divorce by Hammond (1979) revealed that more than half of the sample chose the school counselor as someone they could talk to about their feelings. Over 80% of the sample reported that they felt that counselors could be helpful in a number of ways to children whose parents have separated.

Once the counselor has received parental permission for each child to participate in group counseling, and the group has been established, there are many approaches the counselor may use to help participants establish a better perspective on their feelings about divorce and its aftermath.

During the first session rules must be formulated about when each child may talk, participate, and listen (Cantrell, 1986). It is also essential for the counselor to emphasize the need for confidentiality. After these guidelines have been established, it is very important to help each child feel comfortable and confident within the group. There are many ways to help the children become acquainted with each other. Children can pair up and be given an allotted time for interviewing one another. Afterwards, the students may introduce their partners to the rest of the group.

Another activity involves having the children draw a picture of their families and then discuss each of the drawings (Cantrell, 1986). The counselor can provide

It is also essential for the counselor to emphasize the need for confidentiality. . . . it is very important to help each child feel comfortable and confident within the group.

circular shapes for children to make caterpillars. After the children decorate the heads of the caterpillars, they write on each of the other segments something about their hobbies, their feelings, their place of birth, why they are special, and so on (Tedder, Scherman, & Wantz, 1987).

The counselor can hand out a bibliography of books, both nonfiction and fiction, that provide insights into parental divorce. The books can even be read together and serve as a stimulus for group discussion. Films and filmstrips may also be used.

One useful activity stresses that, although family members live in different houses, they still remain a part of the same family. The counselor shows a picture that he has drawn of his or her own family. This picture includes relatives drawn in different house shapes to show whether they live at the same residence as the counselor, or whether they live somewhere else. The children then draw their families. After the students share their pictures and name their family members, a discussion follows about whether someone is still in the family even if they live somewhere else, and whether a person can love someone who lives in a different house as much as someone who lives in the same house (Hammond, 1981). At another time the children may draw pictures of their mothers, fathers, and themselves. Under each drawing they list each person's strengths and weaknesses (Cantrell, 1986). Another art activity idea is to have the children brainstorm "feeling" words and then draw pictures depicting each emotion (Cantrell, 1986).

When discussing the children's feelings relating to divorce, the counselor can pass around several pictures of blank thermometers. The children then select the most important feelings they have experienced and color in the intensity of those feelings. The children may share their "feeling gauges" during the discussion (Green, 1978). Anger is an emotion that children of divorce need to learn to overcome. One way that the counselor may aid them in this is to have the children brainstorm different ways of expressing anger. The children need to then

ask themselves three questions: (a) Will I hurt myself? (b) will I hurt someone else? and (c) will I get into trouble? If they can answer "no" to these questions, then the action is an appropriate way to behave (Cantrell, 1986).

During another session the group can make a list of problems the children have experienced during the divorce. They can brainstorm possible solutions and role-play some of these solutions (Green, 1978). Puppetry is another means of depicting solutions (Cantrell, 1986).

An exercise called "Dear Abby" can lead to a discussion of problems of children of divorce. As a homework assignment children are each asked to write a letter to "Dear Abby" about a problem they have experienced because of their parents' breakup. The letters are then read during the next counseling session and the other children reply to the letters (Hodges, 1986).

Creative writing can be an important counselor tool. The children can finish stories about divorce and then share them. The children can publish a divorce newspaper. They can take turns being reporters and interview each other about what they think and how they feel about divorce (Hodges, 1986). The children can write journals to help them explore their thoughts and feelings. The counselor may have the children deal with specific topics by using open-ended sentences, such as "I am sad because. . . ." (Cole, Kammer, & Barker, 1984).

With older children the counselor may choose to take the group to visit a divorce court and judge. This affords the students the opportunity to find out more about actual divorce procedures. Children can be urged to have questions already written out for the judge to answer. This will save time and allow the judge to answer as many questions as possible (Tedder et al., 1987).

Children enjoy playing games. Using games with a counseling program for children of divorce can help the children relax enough to express feelings that otherwise might remain hidden.

Creative writing can be an important counselor tool. The children can finish stories about divorce and then share them. . . . They can take turns being reporters and interview each other about what they think and how they feel about divorce.

An example of a game is the "Children's Feedback Game" (Epstein, 1986). Group members are divided into two teams and the counselor reads a description of an incident that occurred in a previous session. For example, the description of the "target" child might read: "This child has been very quiet during the group meetings." Each team must guess who is being described. A variety of bonus points may also be earned. Children may earn "feeling" points by describing how they felt when the "target" child behaved in this manner. "Owning" bonus points can be earned by the "target" child for acknowledging the feedback and guessing how group members reacted to this behavior. The "target" child can also earn a "change" bonus point by suggesting how he/she might change. Lastly, children can earn "advice" bonus points by helping the "target" child choose other ways of behaving. The counselor encourages the children to discuss each incident as long as possible.

Although the game uses competition to strengthen interest, points earned by both teams are added together and applied toward a common goal, such as a party. This heightens cooperation among the children.

The use of the "Children's Feedback Game" is a way to help children see themselves the way others see them and learn how others react to their behavior. It also will aid the children in expressing their feelings with more frequency and greater depth (Epstein, 1986).

Another game titled "Could This Happen Game" (Epstein, 1986) can be used after the "Children's Feedback Game." The counselor presents a hypothetical situation and asks the children to choose one of the four possible choices: (a) it definitely could happen, (b) it might happen, (c) it might not happen, or (d) it could not happen. After the group has tabulated the results, the children discuss the reasons for their choices. "Evidence" bonus points may be earned by children who give evidence supporting their choices. "Feeling" bonus points may also be earned. Using this game the coun-

selor is able to lead the children to discuss their fears and worries about divorce and its consequences.

A third game called the "Changing Family Game" (Berg, 1986) is a boardgame that the counselor can purchase. Some 300 cards, dealing with divorce-related problems in eight areas, make up the essence of the game. As the children move from start to finish, they must respond to questions and are awarded points for adequate responses. The eight areas are: (a) peer ridicule and avoidance, (b) paternal blame, (c) maternal blame, (d) self-blame, (e) fear of abandonment, (f) hope of reunification, (g) single parenting, and (h) visitation (Berg, 1986).

There are important features of the "Changing Family Game." One is that the counselor can first use the cards most representative of the problems the children in the group are experiencing. The game may be used with children, individually or as a group, as young as five years old. The game also allows the opportunity for further discussion if the group desires (Berg, 1986).

In a study of 165 children affected by divorce, 74% stated that the counselor should talk with parents if the child requests it. This talk can take the form of a parents' meeting in which the counselor makes the parents more aware of the child's feelings and need for attention. The counselor can also give helpful suggestions to parents for helping the child to cope during the family crisis. Or the counselor may initiate a family conference where the child talks to the parent, or both parents, with the counselor acting as the facilitator (Hammond, 1979).

The counselor may also lead support groups for divorced parents if the need arises. Areas the counselor may emphasize are communication skills and parenting skills (Hammond, 1979). The parents should give special consideration to being open and honest about the divorce. They must assure the child that the divorce was caused by the parents' problems and not the children's. Parents must realize that children need time to adjust and that difficulties must be worked out between the

The counselor may also lead support groups for divorced parents if the need arises. Areas the counselor may emphasize are communication skills and parenting skills.

parents, not through the children. If the parents need support, they must ask for help from another adult and should never use a child as a "counselor." The counselor should make available for the parents a list of mental health agencies if further help is needed and a bibliography of books for both the parents and children (Cantrell, 1986).

The counselor should also realize that teachers play an important supportive role in helping children of divorce develop coping strategies. The counselor should educate teachers about the effects of divorce on children. Perhaps a workshop can be utilized to recommend ways in which teachers can help. Again, the counselor should make available a bibliography of books on divorce and a list of community agencies that can help families through the crisis of divorce (Cantrell, 1986).

It is also imperative that the counselor do more than lead individual counseling sessions. Counselors must work through their professional organizations to make the public more aware of the need for an adequate number of counselors within each school system. Also, it may be necessary to lobby within each state's legislature for financial backing for the local school boards to hire more counselors. Within the school system the counselor can suggest books, films, and filmstrips about divorce that may be added to the school library and utilized by the teachers.

Within the school system the counselor can suggest books, films, and filmstrips about divorce that may be added to the school library and utilized by the teachers.

Conclusion

Children who are having emotional conflicts because of divorce are not students who are working to the best of their ability in the classroom. Therefore, the school counselor must intercede to help the children of divorce regain emotional stability. The counselor's goal should be both a happier child and an academically more conscientious student.

This paper has presented a few of the many options a counselor may utilize to aid children of divorce. With younger elementary students, who are not yet ready to

be included within a group setting, the counselor may choose individual therapy. With older elementary students the counselor has the option of forming a group and using creative play to help the children acknowledge and understand their feelings about their parents' divorce.

We, as school counselors, must use every possible means to address the needs of the increasing number of children affected by divorce.

Cindy Russell, Elementary Teacher
Fostoria City Schools
Fostoria, Ohio

Bibliography

Anderson, R. F., Kinney, J., & Gerber, E. R., Jr. (1984).

The effects of divorce groups on children's classroom behavior and attitudes toward divorce. *Elementary School Guidance and Counseling, 19*, 70-75.

Examines how school counselors can positively influence children of divorce through small group counseling. Study was the result of statewide concern in North Carolina about the effects of divorce on elementary children. Elementary school counselors volunteered to lead divorce groups for children. The study measured the effects of these groups on children's attitudes toward divorce, classroom behavior, and academic performance.

Baruth, L. G., & Burggraf, M. Z. (1984). The counselor and single-parent families. *Elementary School Guidance and Counseling, 19*, 30-37.

Offers suggestions to counselors on how to establish and maintain support groups for single-parent families.

Berg, B. (1982). *The changing family game*. Dayton: Cognitive-Behavioral Resources.

Boardgame designed by Dr. Berthold Berg to help children of divorce. A total of 300 cards, dealing with divorce-related problems in eight areas, make up the essence of the game. As the children move from start to finish, they must respond to questions and are awarded "chips" for adequate answers. The eight areas covered are peer ridicule and avoidance, paternal blame, maternal blame, self-blame, fear of abandonment, hopes of reunification, single parenting, and visitation.

Berger, T. (1977). *How does it feel when your parents get divorced?* New York: Julian Messner.

Written from a young girl's point of view. She explains her feelings both before and after her parents' divorce, including guilt, anger, loneliness, unhappiness, disappointment, and worry.

Bowker, M. A. (1982). Children and divorce: Being in between. *Elementary School Guidance and Counseling, 17*, 126-130.

Describes a group counseling approach that used the strengths of children by involving group participants in the creation and production of a sound filmstrip. The filmstrip tells the story of separation and divorce from the child's point of view. Discusses benefits to participants in the program.

Cantrell, R. G. (1986). Adjustment to divorce: Three components to assist children. *Elementary School Guidance and Counseling, 21*, 163-173.

This article offers specific suggestions to the school counselor for use in dealing with children of divorce, their parents, and their teachers.

Cole, D., Kammer, P. P., & Barker, R. (1984). Support groups for children of divorced parents. *Elementary School Guidance and Counseling, 19*, 88-94.

Centers on two ideas for counseling children of divorced parents. The first approach focuses on using creative writing and literature for children of divorce. The second approach suggests different

ways of involving the noncustodial parent in school-related activities.

Epstein, Y. M. (1986). Feedback and could this happen: Two therapeutic games for children of divorce. In I. C. Schaefer & S. Reid, (Eds.), *Game play*. New York: John Wiley & Sons.

Suggests two games that a counselor may use to help children of divorce: the Children's Feedback Game and the Could This Happen Game. The Children's Feedback Game helps children see themselves as others see them. The Could This Happen Game helps children discuss their fears and worries about divorce.

Gardner, R. A. (1970). *A boys and girls book about divorce*. New York: Jason Aronson, Inc.

Self-help book written for children who have experienced their parents' divorce. Topics covered include the feelings children have about divorce, dealing with parents and potential stepparents, and the importance of counseling. It is recommended that an adult read the book first and be prepared to answer any questions the child may have.

Gardner, R. A. (1984). Counseling children in stepfamilies. *Elementary School Guidance and Counseling*, 19, 40-49.

Focuses on helping children of divorce whose parents have remarried. Emphasizes the importance of involving both the parents and stepparents in counseling sessions. The author discusses emotions such as hostility, anger, repression, stepsibling rivalry, adjustment to another household, loyalty conflicts, and jealousy.

Green, B. J. (1978). Helping children of divorce: A multimodal approach. *Elementary School Guidance and Counseling*, 13, 31-45.

Focuses upon a multimodal method to help children of divorce with coping strategies. Encompasses eight sessions covering health, emotions, school

performance, interpersonal relationships, self-image, erroneous thinking regarding divorce, and behavior.

Hammond, J. M. (1979). Children of divorce: Implications for counselors. *The School Counselor*, 27, 7-14.

Describes a study that was done to determine differences between children of intact and divorced families, and suggests options available to the counselor who is concerned with coping strategies for children of divorce.

Hammond, J. M. (1981). Loss of the family unit: Counseling groups to help kids. *Personnel and Guidance Journal*, 59, 392-394.

Describes different activities a counselor may use during group sessions with children of divorce. Counseling goals include clarifying feelings about divorce, understanding that others have similar experiences, learning coping skills, and clarifying children's attitudes about the future.

Herlihy, B. (1984). An adlerian approach to helping children in transition. *Elementary School Guidance and Counseling*, 19, 62-69.

Describes the Adlerian approach to helping children of divorce develop coping strategies using four basic phases: relationship, psychological investigation, interpretation, and orientation.

Hodges, W. F. (1986). *Interventions for children of divorce*. New York: John Wiley & Son.

Describes possible interventions the counselor may use with children of divorce. Suggestions include creative writing activities.

Hodges, W. F., & Bloom, B. L. (1984). Parent's report of children's adjustment to marital separation: A longitudinal study. *Journal of Divorce*, 8, 33-49.

Reports on a study done in Boulder, Colorado of 107 children whose parents had recently separated.

Information was provided by the parents at intervals of two months, six months, and eighteen months after the initial parental breakup.

Hyde, M. O. (1981). *My friend has four parents*. New York: McGraw-Hill Book Company.

Examines various situations that arise from divorce and remarriage. Topics include feelings children have during the dissolving marriage, living with one parent, custody and parental kidnapping, living in stepfamilies, and coping strategies.

Lewis, W. (1986). Strategic interventions with children of single-parent families. *The School Counselor*, 33, 375-378.

Focuses on school-related problems that children of single-parent families may have, and possible interventions the school counselor may use to help the children adjust.

Mayle, P. (1979). *Divorce can happen to the nicest people*. New York: MacMillan Publishing Co., Inc.

A book for parents and children to help them initiate discussions. Different issues discussed include reasons for divorce, adjustment to living with one parent, and possible remarriage.

Purselet, M. S. (1977). *A look at divorce*. Minneapolis: Lerner Publications Company.

A book for young children to help them come to terms with their feelings about their parents' separation and divorce. Stresses that although parents may stop loving one another, they will always love their children.

Raab, R. A. (1979). *Coping with divorce*. New York: The Rosen Publishing Group, Inc.

Detailed guide to understanding different aspects of divorce. Topics include historical attitudes, statistics of marriage and divorce, and causes and effects of divorce. At the end of each chapter are questions to help the reader become more aware of his/her feelings about divorce and its consequences.

Richard, A. K., & Willis, I. (1976). *How to get it together when your parents are coming apart*. New York: David McKay Company, Inc.

Focuses on the problems and stresses that children may encounter when their parents terminate their marriage. Topics include difficulties that arise before the divorce, the legalities of the divorce proceedings, the consequences after the divorce, and suggestions to help children who need counseling.

Rofes, E. E. (1981). *The kids' book of divorce*. Lexington, MA: The Lewis Publishing Co.

Written by adolescents to help other children understand divorce. Twenty children, aged 11-14 years old, discuss various aspects of divorce, including how they were first told their parents were divorcing, custody arrangements, and how divorce has changed their lives.

Sherman, A., & Lepak, L., Jr. (1986). Children's perceptions of the divorce process. *Elementary School Guidance and Counseling*, 21, 29-35.

Focuses on the perceptions of children who have experienced their parents' divorce. This study suggests age is one of the most important variables governing children's reactions to divorce.

Schlesinger, B. (1982). Children's viewpoints of living in a one-parent family. *Journal of Divorce*, 5, 1-23.

A study of 40 children, aged 12-18, living in separated or divorced one-parent families. Discusses the results of the study, including responses of the children to questions regarding their feelings about divorce and living with one parent.

Sonnenshein-Schneider, M., & Baird, K. (1980). Group counseling children of divorce in the elementary schools: Understanding process and technique. *The Personnel and Guidance Journal*, 59, 88-91.

Discusses techniques the counselor can use when establishing group counseling for children of divorce.

Tedder, S. L., Scherma., A., & Wantz, R. A. (1987). Effectiveness of a support group for children of divorce. *Elementary School Guidance and Counseling*, 22, 102-109.

Discusses a possible format that school counselors may use for developing support groups for children of divorce.

Wallerstein, J. S. (1984). Children of divorce: Preliminary report of a ten-year follow-up of young children. *American Journal of Orthopsychiatry*, 54, 444-458

A ten-year longitudinal study of children between the ages of two-and-one-half and eighteen years old whose parents had separated and divorced. A central conclusion of the study is that younger children are more distressed during the initial breakup, but seem to be less burdened than older children after ten years.

Wallerstein, J. S., & Bundy, M. L. (1984). Helping children of disrupted families: An interview with Judith S. Wallerstein. *Elementary School Guidance and Counseling*, 19, 19-29.

Focuses on the characteristics of young children who are having difficulty coping with their parents' divorce and offers suggestions for the school counselor to help these children.

White, A. S. (1970). *Divorce*. New York: Franklin Watts.

Aids children in understanding the various aspects of their parents' divorce. Specific issues discussed include the causes of divorce, how two people divorce, custody and visitation, and the changes that occur after the divorce.

Suggested Books for Children of Divorce

Nonfiction

Berger, T. *How does it feel when your parents get divorced.*

When a young girl's parents divorce, she must come to the realization that her parents will not remarry.

Gardner, R. *A boys and girls book about divorce.*

A self-help book written for children who have experienced their parents' divorce. Adults should read the entire book before giving it to a child, so that they can clarify certain sections. Topics covered include the feelings children have about divorce, getting along with parents and potential stepparents, and the function of therapy.

Grollman, E. *Talking about divorce: A dialogue between parent and child.*

This book is intended to create avenues for communication between divorcing parents and their child. It is divided into two parts: a simple narrative for youngsters about the breakup and the feelings they may be having and a section for parents that encourages them to urge their children to express concerns.

Hyde, M. *My friend has four parents.*

This book examines various situations that arise from divorce and remarriage.

LeShan, E. *What's going to happen to me? When parents separate or divorce.*

A noted family counselor answers many of the questions that children have about divorce.

Mayle, P. *Divorce can happen to the nicest people.*

An explanation of divorce for children and ideas on how they can cope with the breakup of their parents' marriage.

Pursell, M. *A look at divorce.*

Text and photographs describe problems faced by both parents and children when a divorce occurs.

Richards, A. *How to get it together when your parents are coming apart.*

This book is a guide to help adolescents come to terms with their parents' marital problems, their divorce, and the aftermath of divorce.

Rofes, E. (Ed.). *The kids' book of divorce: By, for, and about kids.*

Twenty children, ages 11-14, discuss various aspects of divorce, including custody arrangements, parents' boyfriends and girlfriends, how they were first told about their parents' divorce, and how divorce has changed them.

Sobol, H. *My other-mother, my other-father.*

Twelve-year-old Andrea, whose parents have divorced and remarried, discusses the complexities of her new, larger family.

White, A. *Divorce.*

This book discusses causes of divorce, divorce procedures, changes divorce brings to family life, and the effect of divorce on children.

Fiction: Primary Level

Adam, F. *Mushy eggs.*

David talks about his working mother, his father who does not live with him (but who he visits periodically), and his babysitter Fanny who decides to return to Italy.

Bogchold, B. *Daddy doesn't live here anymore.*

Even though Casey knew her mother and daddy fought all the time, she is still upset when they get a divorce and thinks it may be her fault.

Charao, K. *A magic eye for Ida.*

Ida lives with her mother and brother who seem to be too involved in themselves for Ida's taste, so she runs away. When she returns home, relieved relatives really take time to listen.

Dragonwagon, C. *Always, always.*

A young girl discovers that although her parents are divorced, it in no way changes their love for her.

Hazen, B. *Two homes to live in: A child's-eye view of divorce.*

After Niki's parents divorce, he struggles against taking sides, feeling walked out on, grief, and anger.

CHILDREN OF ALCOHOLIC PARENTS

Alcoholism is a disease which lasts a lifetime. Alcoholism may be arrested, but not cured. If an alcoholic, after years of sobriety, begins drinking again, he is unable to control his drinking. Alcoholism is a progressive disease and, as long as the alcoholic continues to drink, his need to drink will get worse. The only method of arresting alcoholism is total abstinence (Alateen, 1981).

Currently alcoholism ranks third, behind cancer and heart disease, as America's leading health problem. It can even be argued that alcoholism is the nation's leading health problem because it is often a direct factor in both cancer and heart conditions (Lawson, 1983).

Alcoholism affects every segment of society. Alcoholics include the young and the old, the rich and the poor, the educated and the uneducated, the professional worker and the unskilled laborer, the housewife and the parent. According to information provided by Alateen, contrary to what some believe, only about 3 percent to 5 percent of alcoholics are "bums" or skid row types of people. Most alcoholics have jobs and families and, although functioning fairly well, their drinking is affecting some part of their lives. Very often alcoholics are affecting the lives of their family members.

More than 10 percent of the population of the United States is being raised or was raised in an alcoholic home (Ackerman, 1983). Stated another way, it has been estimated that 28 million children in the United States today are affected by parental alcoholism. Of those, 7 million are under the age of 18. The literature indicates that in any classroom of 25 students, four to six students are children of alcoholics (Morehouse, 1986). This information is of great significance to teachers, guidance counselors, and school administrators. In Fostoria, Ohio, students in grades 7-12 were asked to complete a survey indicating problems affecting their lives. Of the 1,383 adolescents responding, 25 percent reported a family member abused alcohol (Assessment of Health Needs, 1987). Whatever the exact number of children with an alcoholic parent, it appears to be alarmingly high.

Alcoholism is a progressive disease and, as long as the alcoholic continues to drink, his need to drink will get worse. The only method of arresting alcoholism is total abstinence.

Most alcoholics have jobs and families and, although functioning fairly well, their drinking is affecting some part of their lives.

If there isn't intervention, the coping strategies and other disorders developed in response to parental alcoholism will persist into adulthood.

Children of alcoholics have a higher incidence of emotional, behavioral, and developmental disorders when compared to children of nonalcoholic parents.

Until recently, children of alcoholics did not receive much attention; attention was directed toward the alcoholic who was seeking or denying treatment. However, current research has demonstrated the need for greater preventive and therapeutic efforts for these children (Morehouse, 1986). If there isn't intervention, the coping strategies and other disorders developed in response to parental alcoholism will persist into adulthood. Unfortunately, only about 5 percent of children of alcoholics are receiving the supportive services they need (Morehouse, 1986).

Not all children of alcoholics suffer identical emotional affects. There are a number of variables that determine how a child is affected by parental alcoholism. These factors include: the amount of drinking by the mother during pregnancy, the child's relationship with the nonalcoholic parent, the degree of marital conflict in the home, the age of the child during the parent's drinking, the sex of the alcoholic parent, the ability of other family members to provide parenting for the child, the extent to which the family is organized around the drinking and its importance, the presence of violence, and the child's own constitutional factors (Morehouse, 1986). Based upon these variables many generalizations can be made.

Children of alcoholics have a higher incidence of emotional, behavioral, and developmental disorders when compared to children of nonalcoholic parents. They have fewer peer relationships and a greater tendency for adjustment problems as adolescents than their peers from nonalcoholic homes (Cork, 1969). They are more likely to have a higher truancy rate and greater identification with their teachers. Studies indicate that parental drinking is most detrimental for a child age six or seven and for adolescents (Bosma, 1972).

Children of alcoholic parents have many attitudes and perceptions about their parents and their home life. When these children discuss their parents, parental role inconsistency is a major theme. Because alcoholic parents are inconsistent in their responses to their children,

due to their drinking, the children are forced to react to their parents in ways that are not consistent with their roles as children, nor with their basic personalities (Ackerman, 1983). The children are constantly monitoring their own behavior which causes feelings of resentment, anxiety, and anger with themselves (Ryerson, 1985).

Children use parental behavior as a reflection of their own worth. Children of alcoholics tend to feel that because there is something wrong in their family, there is something wrong with them. Many times children feel angry with the nonalcoholic parent for not making things better. They may also feel angry toward him/her for not providing protection from the alcoholic parent's violence, for not getting a divorce, or for not lessening the child's responsibilities in the family.

Children of alcoholics feel alienated from the family and from themselves. These children begin to realize that their homes are unlike the homes of their peers. They become reluctant to bring friends home because they don't know what to expect and this inhibits close peer relationships. They feel they cannot share their feelings or emotions with their friends, as they may have been warned by their nonalcoholic parent to say nothing or to pretend that the problem with alcohol does not exist.

The children of alcoholics may feel embarrassed and fearful that their friends cannot understand their predicament (Ackerman, 1983). Many times these children fear the ridicule and rejection of their friends if the facts of their home life are revealed. Unhappy within the home, they are often just as miserable outside it, exposed to taunts from schoolmates and pity from grown-ups. Fear, lack of sleep, food, and guidance, and lack of normal family affection may make children withdrawn and openly hostile (Al-Anon, 1984).

Children model their behavior on their parents' behavior. It should, therefore, not come as a surprise that the children of alcoholic parents often argue more than others and find little psychological comfort from other

Children use parental behavior as a reflection of their own worth. Children of alcoholics tend to feel that because there is something wrong in their family, there is something wrong with them.

Children often worry that the alcoholic will get sick, hurt, or die as a result of being intoxicated. These thoughts and feelings sometimes make it impossible for a child to concentrate in school.

brothers and sisters (Ryerson, 1985). Children often worry that the alcoholic will get sick, hurt, or die as a result of being intoxicated. These thoughts and feelings sometimes make it impossible for a child to concentrate in school. In extreme cases, the child will want to stay home from school to take care of the parent (Morehouse, 1986).

An additional example of role inconsistency is shown in the work of Sharon Wegschieider (1979) who suggests four different primary roles often occupied by children of alcoholics: "hero," "scapegoat," "lost child," or "mascot." The family hero is the child who rescues the family through overachievement and always does what is right. This child is most likely the oldest child in the family. The child appears to be extremely mature and is considered very competent. The hero has a very hard time making their own needs met. They experience feelings of inadequacy and guilt because no matter how much they do they can't make things "right" at home. The purpose of this role is to provide self-worth to the family. The scapegoat traditionally is the target of family frustrations and confusion. These feelings are internalized in the scapegoat and may outwardly reveal themselves in negative behavior. The scapegoat is always in trouble, defiant, and stubbornly refuses to do work at school or home. This child takes "the heat" for the family. The lost child is usually a middle child who suffers the most role inconsistency. The lost child's identity is uncertain as this child does not know where he fits into the family. This child never causes trouble; he gets by in school, is nonassertive, quiet and withdrawn, and a loner. The lost child is the one child the family doesn't have to think about. The mascot provides comic relief in the tension-filled alcoholic home. This is the child who is silly and immature and who behaves compulsively and inappropriately to get attention or a laugh. Very often this is the "class clown" in a classroom.

When children in an alcoholic home endure a great deal of emotional abuse, in the form of quarreling and other stressors, there are not many opportunities for

them to vent their own feelings. The parental alcoholism deprives them of learning how to cope positively with their own emotions (Ryerson, 1985).

Children of alcoholics want to survive their unfortunate environment. These children feel abandoned, torn by parental conflict, and helpless to cope. If a child of an alcoholic parent feels no one cares, this feeling will be carried over into school and social activities. The school can be a dynamic force to help meet some of the needs of the child from an alcoholic home.

When a crisis such as divorce or another trauma affects a child, parents are often willing to inform the classroom teacher. The school will not be notified, however, of an alcohol abuse problem by a student's parent. Prevention and intervention strategies for children of alcoholics must be put in place in the elementary school.

One of the goals of an alcohol education program should be to prevent alcohol use during childhood. The young person should be provided with factual information and taught how to say no, how to develop other skills to resist peer pressure to use alcohol, and how to clarify feelings, and attitudes and values about alcohol before alcohol use begins (Morehouse, 1986). Children of alcoholics are in critical need of this information as they must be made aware of their vulnerability and the risk involved in the use of alcohol. Children of alcoholics are twice as likely to develop alcoholism as other children (Ryerson, 1985). It is very difficult to identify every student of an alcoholic in a school system. Therefore, a comprehensive alcohol education program should be provided in each classroom.

The classroom teacher may be the single most important factor in alcohol education (Ackerman, 1983). For this reason, the teacher must be trained and given proper resources to teach alcohol education successfully. The content of an alcohol education program must be appropriate for each different grade level. Also, the content should be structured the way that academic programs are structured: The information for each grade level should build and expand upon the information pre-

If a child of an alcoholic parent feels no one cares, this feeling will be carried over into school and social activities. The school can be a dynamic force to help meet some of the needs of the child from an alcoholic home.

sented at the previous grade level. The format of the program must be clear and precise. Careful planning must take place if the alcohol education program is to be smoothly integrated into the curriculum.

In response to their school's survey, the Fostoria City Schools in Fostoria, Ohio, are providing their teachers in grades 1-6 with an alcohol education prevention program called Project Charlie (Chemical Abuse Reduction Lies in Education) for the 1988-89 school year. This program is being adopted as part of the schools' health curriculum and will be taught by each classroom teacher for one-half hour per week.

Teachers in Fostoria are being prepared to teach these classes by completing a one-day workshop for their grade level. These workshops are being presented and planned by the elementary guidance counselor and the substance abuse coordinator employed by the Fostoria City Schools.

Project Charlie was selected on the basis of the program goals, ease of implementation, and the program emphasis. The program goals are (a) to promote abstinence for school age students; (b) to delay the onset of experimentation with drugs; (c) to limit eventual drug use in terms of amounts, frequency, and situations; and (d) to inhibit the development of drug abuse. The implementation is effortless as all materials are included in the lesson and all lessons are complete and not difficult for teachers to conduct. The program emphasis is divided into four areas: self-esteem, relationships, decision making, and chemical reduction. Project Charlie is a developmentally structured program because each grade level receives new information that builds upon the information presented at the previous grade level.

Alcohol education programs in the schools which incorporate strategies for intervention provide the greatest resource for children of alcoholics (Morehouse, 1986). If classroom teachers can talk openly and communicate concern and sensitivity when presenting alcohol information, intervention will be happening. This open discussion says to a child that alcohol problems

Alcohol education programs in the schools which incorporate strategies for intervention provide the greatest resource for children of alcoholics.

can be dealt with openly. These discussions reduce the social stigma of alcoholism as well as feelings of isolation a child may be experiencing.

Children of alcoholics need to see themselves apart from the alcoholism. The classroom teachers have constant contact with children of alcoholic homes and may be the only adults, other than parents, who have a continuous relationship with the child. A teacher can direct discussion away from the problem and discuss the child and his feelings. This allows the child to understand that his feelings are important and natural. It allows the child to develop a good self-concept as he comes to believe in his own abilities apart from living with an alcoholic. Children of alcoholics need to talk. They need to express and ventilate their feelings about their parents, both alcoholic and nonalcoholic, and the disease of alcoholism itself. These children may express feelings of shame, guilt, fear, or confusion. On the other hand they may feel very inhibited and unable to verbalize their feelings.

Children of alcoholics may feel their home situation must not be talked about. These children may know something is wrong, but are unable to define it. They may be ashamed of or embarrassed to discuss their home situation. They may lack the ability to place total trust in an authority figure. The teacher's approach in the alcohol education program needs to be informative and matter-of-fact without any hint of judgment. An important outcome of an alcohol education curriculum can be to enable the unknowing child to recognize that alcoholism exists in his home.

Alcohol education programs facilitate the identification process for children of alcoholics. Some children, however, will not be identified under this process. Robert Ackerman (1983) suggests other identification guidelines for teachers. These are the child's appearance, school performance, and peer group relationships. Children of alcoholics may show signs of physical neglect: dirty clothing or poor hygiene. A child's performance may vary on certain days of the week. These

Children of alcoholics need to talk. They need to express and ventilate their feelings about their parents, both alcoholic and nonalcoholic, and the disease of alcoholism itself.

In the area of peer relationships many children of alcoholics demonstrate "social disengagement." They may appear to be loners or in their attempts to establish relationships with others, they may demand excessive attention. . . .

children feel burdened by their family responsibilities. Cork (1969) reports that children of alcoholics are unable to concentrate in school due to the anxieties about their home life. The opposite is sometimes true in the area of performance. These students can be super achievers, but sometimes an innocent comment made by a teacher may promote an emotional upset. In the area of peer relationships many children of alcoholics demonstrate "social disengagement." They may appear to be loners or in their attempts to establish relationships with others, they may demand excessive attention by "acting out" or being the "class clown."

Other clues to family alcoholism may involve the parent's interaction with the school. Teachers should be alert to problems if parents seem unable or unwilling to comply with school demands. Parents who cannot be reached by telephone, do not respond to notes, do not show up for conferences, or who repeatedly fail to pick up their children after school functions may possibly have a drinking problem (Morehouse, 1986).

Many times a student may give hints or behavior signs during the presentation of alcohol education material which will alert the classroom teacher to an alcoholic parent. These signs include: (a) a change in a student's behavior (the child who is typically active becomes passive or withdrawn), or (b) students with information in their possession on community resources such as AA, Al-Anon, or Alateen, or (c) a student may arrive early for class to talk alone with the teacher or hang around after class for information.

Direct intervention programs must exist in the elementary schools for children of alcoholics. Classroom teachers, administrators, and guidance counselors must work closely and well together. School personnel must be informed about the disease of alcoholism and the ways in which parental alcoholism affects students. They need the correct information to help them identify possible children of alcoholics. Guidance counselors need to take a leadership role in school personnel train-

ing. School personnel must also understand the process of referring students to guidance counselors if they suspect parental alcoholism. This process should be uncomplicated and nonthreatening to other school personnel.

The counselor in the elementary school can intervene with children of alcoholics. This intervention may be in the form of individual counseling, group counseling, or referral of the child to an agency outside the school setting. Counselors need to gain experience in assessing the needs of the child of an alcoholic. Group settings are particularly helpful to these children as they reduce the isolation these children feel and offers them a support system. Group settings allow children to share their feelings with peers and helps them cope in groups such as Alateen when they reach adolescence.

The school counselor must be equally willing to help other family members come to terms with the alcoholism in their family. This intervention may lead to the nonalcoholic spouse seeking help or to all the children in the family gaining valuable insights into their alcoholic home.

Working with children of alcoholics requires knowledge of the alcoholism resources in a community. Speaking to parent organizations about alcoholism and its effect on children is a good way for counselors to spread the message to the community that the schools are willing to help. Counselors can learn more about alcoholism and its effects on the family by attending an Alateen, Al-Anon, or Alcoholics Anonymous meeting. Counselors must be aware of organizations to help children of alcoholics as well as organizations concerning alcoholism.

Many children of alcoholics become alcoholics themselves when they reach adulthood. Without intervention, 40 percent to 60 percent of children become alcoholics themselves (Ackerman, 1983). This process seems assured, unless helping professionals in a stable and caring setting can counteract the disorganization

Counselors need to gain experience in assessing the needs of the child of an alcoholic. Group settings are particularly helpful to these children as they reduce the isolation these children feel and offers them a support system.

The school is the chief potential source for positive action.

and uncertainty of the home and family life of these children. The school is the chief potential source for positive action

Joyce E. Jagucki
Elementary Guidance Counselor
Fostoria City Schools
Fostoria, Ohio

Bibliography

Ackerman, R. J. (1983). *A guidebook for educators, therapists and parents*. Indiana, PA: Learning Publications, Inc.

Discusses developmental issues for children of alcoholics. Specific program suggestions for teachers are included as well as chapters for therapists and parents regarding their roles in the recovery process for children.

Ackerman, R. J. (1985). *Children of alcoholics. A bibliography and resources guide* (2nd edition). Indiana, PA: Learning Publications, Inc.

Contains over 300 sources of information for and about children of alcoholics.

Al-Anon Family Groups. (1984). *Living with an alcoholic*. New York: Al-Anon Family Group Headquarters, Inc.

Offers guidance to individuals whose personal lives have been affected by the obsessive drinking of a family member.

Alateen—*Hope for children of alcoholics*. (1981). New York: Al-Anon Family Group Headquarters, Inc.

Tells a story about Alateen (part of the Al-Anon family groups) which centers around a child's fears, problems, hopes and achievements and allows the child to share feelings through fellowship with other children of alcoholics.

Alcohol abuse and its implications for families. (1985, March). Hearing before the Select Committee on Children, Youth, and Families. House of Representatives, Ninety-ninth Congress, First Session.

Includes testimonies from individuals regarding the affects of alcoholism on children and families. Topics covered include the causes of alcoholism, the need for education at all levels about the causes and consequences of drinking, the efforts of state and federal government to promote substance abuse prevention and education, and the treatment needs of children and families involved in alcohol abuse.

Annotated resource guide for alcohol, tobacco, and other drug abuse/misuse prevention education programs at the elementary level. (1978). Albany: New York State Education Department.

Provides teachers with a selective list of instructional aids and resources for use in drug education programs. Notes what may be particularly useful at the local level. Resources listed include printed materials and audiovisuals for children, printed materials and audiovisuals for teachers and parents, basic sources of information, and regional offices for community agencies.

Assessment of adolescents' health needs and problems in Fostoria, Ohio. (1987, August). Bowling Green, OH: Bowling Green University, Department of Psychology.

Addresses the health needs and problems experienced by adolescents enrolled in grades seven through twelve. Overall goals were to: (1) identify the most pressing needs of adolescents, (2) determine which community services are utilized to meet these needs, and (3) make recommendations regarding the need to develop new services to enhance existing programs or services.

Bepko, C. (1985). *The responsibility trap.* New York: The Tree Press.

Offers a unique analysis of the dysfunctional interactional pattern that helps maintain alcoholic behavior within a family. The author gives her theoretical approach to alcohol treatment which focuses on changing the three critical dynamics of responsibility, pride, and gender role behavior that occur in these families.

Bosma, W. G. H. (1972). *Children of alcoholics—A hidden tragedy.* *Maryland State Medical Journal, 1,* 34-36

Suggests helpful strategies to aid the child living in an alcoholic home. Delineates the critical issues for children being nurtured in an alcoholic environment.

Brooks, C. (1981). *The secret everyone knows.* San Diego, CA: Operation Cork.

A booklet for teens and children living in alcoholic homes that urges them to express and understand painful feelings.

Cork, M. (1969). *The forgotten children.* New York: National Council on Alcoholism.

A study of more than 100 children with alcoholic parents.

Deutsch, C. (1982). *Broken bottles, broken dreams.* New York: Teachers College Press.

Addresses concerns of school-age children of alcoholics. Concludes that children of alcoholics profit from the intervention of teachers, guidance counselors, psychologists, coaches, clergy, and scout leaders who have regular and trustful contact with them.

Deutsch, C. (1983). *Children of alcoholics: Understanding and helping.* Pompano Beach, FL: Health Communications, Inc.

A book for professionals working with young children of alcoholics. Contains lucid descriptions of the problems of living in an alcoholic family.

Edwards, D. M., & Zender, T. A. (1985). Children of alcoholics: Background and strategies for the counselor. *Elementary School Guidance and Counseling*, 20, 121-128.

Examines the impact of the family experience on the development of children. Characteristics of alcoholic families that are detrimental to children are delineated, and considerations and guidelines for counseling are proposed.

Goldberg, L. (1983). *Counseling activities for children of alcoholics*. Apalachee, FL: Apalachee Community Mental Health Services.

Focuses on group treatment and is designed for counselors working with children of alcoholics in a school setting in grades K-12.

Hutchison, R. L., & Little, T. J. (1985). A study of alcohol and drug usage by nine through thirteen year old children in central Indiana. *Journal of Alcohol and Drug Education*, 30(3), 83-87.

Discusses results of a survey of alcohol and drug usage among 9-13 year-old children in central Indiana. Addresses sociological implications of the trend toward younger children using alcohol and drugs and provides information for counselors who must deal with this problem.

Lawson, G. (1983). *Alcoholism in the family: A guide to treatment and prevention*. Rockville, MD: Aspen Systems Corp.

Suggests that each member of an alcoholic family be viewed as a client and undergo treatment even if they do not drink. This book is for alcoholism counselors working with families.

Matlins, S. (1979, September). *Services for children of alcoholics*. Symposium in Silver Springs, Maryland.

Addresses needs of and services for children of alcoholics, concentrating on identification, intervention, treatment, and prevention. Barriers that inhibit the recovery of these children are also discussed.

Meagher, M. D. (1987). *Beginning of a miracle*. Pompano Beach, FL: Health Communication, Inc.

Provides a practical guide for anyone interested in interrupting the destructive course of chemical dependency. A specific course of action for intervention is outlined.

Morehouse, E. R., & Scott, C. M. (1986). *Children of alcoholics: Meeting the needs of the young COA in the school setting*. South Laguna, CA: The National Association for Children of Alcoholics.

Encourages all professionals involved in the education of children to become more aware of specific needs and problems of children of alcoholic parents. Also provides information on how they may fulfill their potential as a source for help.

Mumey, J. (1985). *Loving an alcoholic: Help and hope for significant others*. Chicago, IL: Contemporary Books, Inc.

Suggests that an individual living with an alcoholic is as in need of treatment as the alcoholic.

Newlon, B. J., & Furrow, W. V. (1986). Using the school to identify children from alcoholic homes. *School Counselor*, 33, 286-291.

Offers suggestions for identifying children of alcoholic parents and, through school counseling, helping these children to understand and cope with their family problems. Highlights difficulties in identifying and offering assistance to these children.

Parker, J. (1984). *Drugs and alcohol: A handbook for young people*. Phoenix: Do It Now Foundation.

A four-part booklet, suitable for intermediate and junior high students, discusses drug education and the development of decision-making skills that will enable these students to avoid drug use. A glossary of terms and a discussion of various drugs and their effects are included.

Ryersson, E. (1985). *When your parent drinks too much*. New York: R. R. Donnelly and Sons.

The author, once a child of an alcoholic parent, offers his feelings and thoughts to other young people growing up in a similar home situation. He tells young people that their problem isn't hopeless and offers suggestions to help them improve their lives.

Seixas, J. (1985). *Children of alcoholism*. New York: Crown

The author exposes "the terrible family secret" and draws on interviews with over 200 survivors to share the realities of family alcoholism. The frequent occurrence of child abuse and ruined family holidays in the alcoholic home as well as the "crazy" fantasy-like atmosphere of the alcoholic home are discussed.

Storefront/Youth Action. (1987). *Project Charlie*. Edina, MN: Author.

A program for grades K-6 focusing on educating children about chemical abuse. Four distinct programs are emphasized: self-awareness, relationships, decision making, and chemical use.

Waite, B., & Ludwig, M. (1983). *A growing concern: How to provide services for children from alcoholic families*. Washington, DC: Virginia Evaluation Technologies, Inc.

This document is for professionals working in the fields of education, recreation, and health and human services. It discusses the issues and strategies surrounding the delivery of services to children from alcoholic families. The most frequently used programmatic strategies for reaching and helping children of alcoholics are outlined.

Wegschieder, S. (1981). *Another chance: Hope and health for the alcoholic family*. Palo Alto, CA: Science and Behavior Books, Inc.

Presents alcoholism as a family disease and emphasizes the roles played by various members in the alcoholic family. Intervention strategies and treatment programs for the family are outlined.

Whitney, E. (1968). *Living with alcoholism*. Boston: Beacon Press.

A helpful, personal guide for alcoholics and their families which discusses how to recognize and arrest this disease, and how to provide the understanding the alcoholic requires to aid him in maintaining the discipline necessary for recovery from the ravages of alcohol.

Wholey, D. (1984). *The courage to change*. Boston: Houghton Mifflin Company.

Famous people share their moving personal stories of confronting and recovering from the nightmare of alcoholism.

Woititz, J. G. (1983). *Adult children of alcoholics*. Pompano Beach, FL: Health Communications, Inc.

This book evolved out of questions directed to the author concerning alcoholic parents. Readers will gain greater knowledge and understanding of what it means to be the child of an alcoholic. Also intended as a self-help or clinical guide for individual growth, and as a basis for discussion groups.

CHILDREN WHO ARE VICTIMS OF SEXUAL ABUSE

Child sexual abuse is one of the most hidden and misunderstood acts committed in America today. Approximately two million American children are abused or neglected each year. The estimated frequency of sexual abuse is particularly disturbing: One in four girls and one in ten boys are sexually molested before they are 18 years old. According to these reports of sexual abuse, 62 percent of the perpetrators are parents, whereas an additional 15 percent are relatives of the child (Holtgraves, 1986).

Incestuous families represent every social, economic, and ethnic background in America. It is estimated that between one in ten and one in twenty families is incestuous (Roehl and Burns, 1985).

Child sexual assault or abuse and child molestation refer to the exploitation of a child for the sexual gratification of an adult. The behavior may range from exhibitionism and other nontouching offenses, to fondling, or to actual intercourse. Sexual abuse spans a spectrum of activities from incestuous behavior, to child prostitution, to the use of children in commercial pornographic materials (Hodsor & Skeen, 1987).

By conservative estimates a child is sexually abused in America every two minutes and 4,000 children die annually as the result of sexual abuse (Center For Abuse Prevention and Treatment, Inc., 1985). All children are potential victims because of their vulnerable, powerless position in our society (Child Assault Prevention Project, 1985).

Statistics show that in a four-county, northwestern Ohio area, there have been substantiated cases of sexual abuse with children as young as 18 months and two and three years old. In 1983, in a confidential survey 3.8 percent of sixth through ninth graders revealed that sex had been forced on them. If only 12.5 percent of the youth in this same four-county area are in fact victims, it would mean over 5,600 children are victims of sexual abuse (Center For Abuse Prevention and Treatment, Inc., 1985).

Incestuous families represent every social, economic, and ethnic background in America.

The harvest of sexual abuse is a lifetime of anguish and confusion.

The harvest of sexual abuse is a lifetime of anguish and confusion. Counselors must use sensitivity and caution when reporting and counseling the victims of sexual abuse. Counselors need to examine their own personal feelings about sexual abuse and be prepared for total involvement with the child in order to establish trust (Thompson & Rudolph, 1983). Physical contact with the child is not suggested until trust and rapport have been established because many sexual abuse victims are justifiably wary of being touched (Holtgraves, 1986).

An intervention program should not focus solely on the sexually abused child. Children are part of a family unit, regardless of how dysfunctional the family may be. Counselors need to be aware of as many school resources and community agencies as possible (Holtgraves, 1986).

The most common characteristics of the sexually abused child are depression, nightmares, sleep disturbances, and responding to stress with helplessness or fright. These characteristics alone are normal, but when observed in extreme behavior combinations they are indicators of serious problems (Roehl & Burns, 1985).

Sexually abused children often exhibit unusual mannerisms that are clues to abuse. Dressing in a seductive manner, provocative mannerisms, refusal to dress for gym, complaints of physical pain, cramps, sore throat, vaginal itching, and self-mutilation are common ways for abused children to act out (Roehl & Burns, 1985).

Many cases of sexual abuse, much like child abuse, are part of an intergenerational behavioral cycle. Offenders were frequently victims themselves as children. The manner in which the cycle is perpetuated is not well understood and data is sometimes contradictory (Hodson & Skeen, 1987).

In a comparison of male and female sexual abuse victims, Pierce and Pierce (1985) found significant differences. In this study 25 substantiated cases of male sexual abuse victims were compared to 180 cases of substantiated female victims. Research indicates that

somewhere between 80 percent and 90 percent of all incest victims are females. The most striking difference between male and female victims is that female victims are most often sexually abused by the natural father and male victims by a stepfather. Another difference is the method of treatment or therapy. The assumption cannot be made that programs used with female victims and their families will be as effective with male victims and their families until further research is done (Pierce and Pierce, 1985).

The characteristics of the incestuous family members are numerous and are also exhibited in extreme behavior combinations. Incest is a symptom of a dysfunctional family and the perpetrator usually exhibits poor impulse control, immature behavior, and jealousy or favoritism toward the victim. In most cases the perpetrator is of average to above average intelligence and alcohol or substance abuse are present (Roehl & Burns, 1985).

The mother of most victims is usually emotionally and financially dependent on the father. A high incidence of serious illness or disability in the mothers of sexually abused daughters was found (Roehl & Burns, 1985).

Offenses such as rape and incest do not arise out of sexual urge but rather the offender's need for power and control over another person. Disabled children are often easy targets for sexual abuse. These children are usually more dependent on adults and are more compliant. The more restricted the condition or environment of the child, the more threatened he may be. Children who attend special schools or who have transportation or mobility considerations are often vulnerable to sexual abuse. In a study done on a Seattle institute, it was found that 99 percent of the children experienced some form of sexual abuse, while only 20 percent of the cases were ever reported (Watson, 1984).

Disabled children have the same feelings of confusion, fear, and guilt as other children. These emotions and behaviors often promote silence. The report of the sexual abuse of a disabled or handicapped child is often

Incest is a symptom of a dysfunctional family and the perpetrator usually exhibits poor impulse control, immature behavior, and jealousy or favoritism toward the victim.

Child abuse is a heinous and hidden crime in our society. Fear, shame, and misunderstanding keep it deeply concealed.

given less credence, particularly if the child's disability is labeled "mentally retarded" or "emotionally disturbed" (Watson, 1984). Parents of all children need to keep the lines of communication open. Even preschool children can be made aware of appropriate and inappropriate touching and adult behaviors (Center For Abuse Prevention and Treatment, 1985).

Good books about sexual abuse and its prevention are available to parents and children who might find it difficult to initiate a discussion. Many books are written to foster discussions in a sensitive and direct manner (Hittleman, 1985). It is essential to listen to your children and believe what they say.

The definitions of child abuse in state laws vary from specific to very general, but every state has written or passed a child abuse law during the past few years (Thompson & Rudolph, 1983). Child abuse is a heinous and hidden crime in our society. Fear, shame, and misunderstanding keep it deeply concealed. However, many programs have developed over the past few years to aid in the identification and treatment of sexually abused children and their families. The most successful and popular programs appear to involve not only the victim but also the perpetrator.

Henry County, a rural northwestern Ohio county, uses a two-step method to identify and treat child sexual abuse. The first step is a three-part identification program called "Who Do I Tell?" that is used in all third grade classes across the county. The key resource person, usually a guidance counselor knowledgeable about problems associated with child sexual abuse, is essential to this three part program. Initially, three weekly, hour-long meetings are held to involve teachers and acquaint them with the goals, curriculum, and sensitive problems associated with child sexual abuse.

Next, parents become involved. A general meeting is held after advertising the place and time in the local newspaper. A simulation of the program that will be presented to their third grade children is presented. Questions are answered and curriculum goals discussed. A

follow-up parental meeting is scheduled for a date after the children have completed the program. At this meeting, parents review the project and share their personal comments and feelings about the program.

Finally, the program is presented to the third grade children. It begins with a pre-test session, conducted by the teacher, that is designed to determine the degree of the children's awareness of sexual abuse. This information is then shared with the key resource person who will use the results in the planning of the first 45-minute classroom presentation. In this first session a film and hand-out are utilized to stimulate thought.

The film is shown again at the second classroom presentation. A group discussion is initiated followed by role playing of hypothetical situations with a variety of possible solutions. This session concludes with a hand-out entitled "My Hairy Problem" that allows the students to illustrate their particular hairy problem. The hand-outs are collected at the conclusion of the session and evaluated by the appropriate school professionals to screen for possible victims. A few days later a post-test is administered to the children to determine what they have learned from these sessions.

Children whose drawings are considered to be of concern are then referred to the Henry County Department of Human Services. An investigation is conducted to determine the degree of abuse. If there is enough evidence to warrant prosecution, legal action is initiated. In most cases, however, children and families are referred to the treatment program, which is the second step of Henry County's program (Center For Abuse Prevention and Treatment, Inc., 1985).

The Giarretto model for integrated abuse therapy was developed by Hank and Anna Giarretto of San Jose, California. This program came into being because of concerns about the handling of sexual abuse reports and cases by the criminal justice system. Most often the traditional tactics of law enforcement further aggravate the family's already deeply troubled state. Giarretto believes that the traditional community intervention

Most often the traditional tactics of law enforcement further aggravate the family's already deeply troubled state.

adds to the child-victim's fear, shame, guilt, and confusion and often ruins the father's career and destroys his self-respect as well. The break-up of the entire family is usually the result.

From these observations the Integrated Treatment of Child Sexual Abuse began as a pilot program in 1971 in Santa Clara County, California. The fundamental aim of the CSATP is to resocialize families by teaching them how to develop attitudes and skills for personal growth. The chief goal is to change how they function both within the family and society as a whole. The CSATP relies on three complementary components to achieve this objective: A professional staff of administrators and counselors as well as professional people from various official agencies; volunteer workers; and two self-help groups - Parents United, and Daughters and Sons United. Together these three components create the regenerative human ecology in which the process of resocialization takes place.

Using Giarretto's model of treatment any community, regardless of size, can treat sexual abuse in a humanistic manner. Community professionals and volunteers share an integrated philosophy and approach to sexual abuse treatment after completion of a two-week training course. Victims and their families can take advantage of a large array of community resources to treat and heal the wounds that result from sexual abuse. The length of involvement of each family in the treatment program varies just as each abuse situation varies (Giarretto, 1982).

A private therapist is often times the only other alternative treatment program for the sexually abused child. With private therapy, however, it is usually only the victim who receives attention. The perpetrator and the family of the victim are not treated with the same degree of intensity (Center For Abuse Prevention and Treatment, 1985).

Close examination of many sexual abuse prevention programs reveals many serious gaps. The Illusion Theater in Minneapolis pioneered the touch continuum:

With private therapy, however, it is usually only the victim who receives attention. The perpetrator and the family of the victim are not treated with the same degree of intensity.

Good touch and bad touch exist and children can sense the difference. Their play "Touch" has been seen by more than 450,000 students in 35 states. Criticism of touch programs centers on the amount of usable information actually conveyed to children. Some believe that explicit details are avoided and confusion unnecessarily caused through the use of stick figure visual aids (vnn, 1985).

Children's books are often lacking in sensitive, direct, and factual information. Books about sexual abuse must contain stories that tackle the subject of sexual abuse directly. Additionally, these books should include a racially mixed story line and avoid the stereotypical image of the nuclear family. These books should address the power young people have to protect themselves and to accomplish a positive resolution of exploitive incidents (Hittleman, 1984).

Many researchers believe that a lack of sex education is an important component of the sexual abuse problem. In a society where adults are not comfortable talking about sex, children cannot get adequate information concerning sexual abuse. Good sex education is necessary for developing positive attitudes in the young people who comprise both today's potential victims and the next generation of potential abusers. Sex education must include the appropriate names for male and female body parts. Armed with such information, children who are abused can more easily explain what has happened to legal authorities and "work through" the incident and its after effects with parents and a therapist (Hodson & Skeen, 1987).

Educators spend more time with children, on average, than many children spend with their families. Most sexual abuse occurs in the home and educators can serve as an outside, impartial, and empathic listener and advocate for children who cannot go to a family member for support (Hodson & Skeen, 1987).

In reality, the elementary educator is often responsible for 25-30 children at any single moment. They are not always able to give a crisis situation like sexual

Many researchers believe that a lack of sex education is an important component of the sexual abuse problem. In a society where adults are not comfortable talking about sex, children cannot get adequate information concerning sexual abuse.

School counselors must be aware of their own thoughts, feelings, and reactions regarding the issue of abuse.

abuse the necessary attention it warrants. In these situations the importance of the elementary guidance counselor cannot be overestimated.

School counselors must be aware of their own thoughts, feelings, and reactions regarding the issue of abuse. Difficulty in discussing this topic may inadvertently be communicated to the child, and may reinforce feelings of shame or guilt (Holtgraves, 1986). Counselors need to model behavior that provides a strong message of trust and comfort as well as a healthy attitude towards sexuality (Hodson & Skeen, 1987).

Empathy for the sexually abused child, not sympathy, is recommended in counseling sessions. Negative statements about the perpetrator are best avoided because this may alienate children who have ambivalent feelings about their abuser. Children often forgive, and must be encouraged to forgive, if they are ever to achieve a healthy self-concept (Holtgraves, 1986).

According to Rosenzweig (1984), the adult in which a sexually abused child confides has several do's and don'ts to keep in mind. Do believe the victim. A child rarely lies about sexual abuse, and even if he or she does, a need for professional help is still indicated. Do stress that the victim is not at fault. Often a child has been led to believe that he or she has provoked the attack. Do acknowledge the child's conflicts which arise from several places: Repercussions of the report; feelings, both good and bad, for the offender; and a reflect response to the stimulus. The child may be terribly confused about something that in some way felt good, even though they knew it was wrong. Do not ever make a promise to a child that you cannot keep. Victims have usually been lied to by adults and need to learn to trust adults again. Do know the resources in your community. Do not ever ask an incest victim why he or she let it go on so long. By asking why a victim let it go on so long, you are implying that the child had the ability to stop it. Do cooperate with Child Protective Service workers. Finally, do be as supportive as you can to a victim seeking help. It is difficult to take that first step and it is the

counselor's job as a caring adult to make that first step as rewarding as possible (Rosenzweig, 1984).

Damage from sexual abuse can be lessened, or sometimes prevented, by caring, supportive, and open adults who confront issues realistically and handle sexual abuse incidents in a sensitive and direct manner. Counselors are capable of providing sexually abused children with prevention and response strategies. The following strategies are advocated by researchers, clinicians, and sex educators:

1. Use correct terminology with children for all body parts.
2. Help children identify different types of touching. Good touches include normal, loving interaction, and bad touches are touches on sexual or other body parts without the child's permission.
3. Teach children that their bodies are their own private property. Children, rather than adults, should have control over their bodies.
4. Teach children that abuse is not their fault.
5. Explain to children how someone might try to manipulate them into an abusive situation. Sexual abuse rarely includes physical coercion. Most often verbal coercion is used that might include promises of gifts.
6. Encourage open communication. Children should understand that they must never keep secrets from significant adults, even if the abuser threatened to hurt them, a pet, or their parents in some way.
7. Believe the child and investigate further. Evidence indicates that children almost never lie about sexual abuse. Unlike the child-victim, the offender almost always denies the fact of molestation.
8. Foster appropriate attitudes in responsible adults in the child's life. Help everyone involved with the child including teachers, parents, and family members to remind him or her that approachable and caring adults exist in whom they can confide.

Damage from sexual abuse can be lessened, or sometimes prevented, by caring, supportive, and open adults who confront issues realistically and handle sexual abuse incidents in a sensitive and direct manner.

Children should understand that they must never keep secrets from significant adults. . . .

-
9. Tell the child to keep trying if he or she confides in an adult and does not get results. Tell the child to keep talking until someone responds.
 10. Make resources and organizations available (Hodson and Skeen, 1987).

Educators have both a moral and legal obligation to report any reasonable suspicion or known case of child sexual assault to the appropriate social services. Laws in most states provide that teachers do not have to prove the existence of such abuse, nor do they have to know who did it. If a teacher has reasonable knowledge of an incident and does not report it, they may be in danger of prosecution. In Henry County in Ohio, the Department of Human Services must investigate the complaint within 24 hours and take appropriate action. Calls and reports can be made by phone anonymously, although giving them your name and describing your relationship to the victim aids them in conducting the investigation. They are mandated by law not to reveal your name and are subject to severe penalties if they do not maintain confidentiality (Center For Abuse Prevention and Treatment, Inc., 1985).

Child sexual abuse has reached epidemic proportions in America today. It is a classless crime crossing all racial, religious, and social boundaries in modern American society.

In conclusion, child sexual abuse has reached epidemic proportions in America today. It is a classless crime crossing all racial, religious, and social boundaries in modern American society. Once shrouded in a veil of secrecy, disgust, and misunderstanding, sexual abuse has finally commanded the attention of the public. Many identification and treatment programs have come in to existence in recent years in an attempt to treat and heal the wounds of sexual abuse.

Several identification programs have been integrated into the elementary school curriculum, and most often school professionals are the first to become aware of the problem. The elementary guidance counselor can reduce the impact of sexual abuse by providing a trusting and caring relationship, encouraging a positive self-concept, and increasing children's awareness of and ability to cope constructively with their emotions. The long-term

results of the elementary school counselor's intervention may result in the cycle of sexual abuse being broken thus allowing children and their families to live happy and productive lives.

Debra D. Duetemeyer
Elementary Teacher
Napoleon City Schools
Napoleon, Ohio

Bibliography

Bass, E., & Thomson, L. (1983). *I never told anyone: Writings by women survivors of child sexual abuse*. New York: Harper and Row.

A collection of writings by women who have survived childhood sexual abuse. The book is grouped into four categories of offenders: fathers, relatives, friends or acquaintances, and strangers. Confronts what is seldom said, told, or acknowledged about sexual abuse.

Caldwell, B. (1983). One step forward, two steps backward. *Young Childhood*, 39, 48-50.

An editorial on the sexual abuse of children and the collaboration needed from parents and professionals in the treatment and prevention of future tragedies.

Conte, J. R. (1984). Progress in treating the sexual abuse of children. *Social Work*, 29, 258-263.

Assesses progress to date in the professional understanding of sexual abuse of children. Includes a brief discussion concerning several conceptual obstacles to working effectively with cases of sexual abuse of children and reviews progress in professional interventions.

Deyoung, M. (1987). Disclosing sexual abuse: The impact of developmental variables. *Child Welfare*, 66, 217-223.

The disclosure of sexual abuse is an important and critical step in prevention. This article explores the developmental variables involved in identification and prevention of child sexual abuse.

Fromouth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. *The International Journal of Child Abuse and Neglect*, 10, 5-15.

This study explores the relationship of childhood sexual abuse to later psychological and sexual adjustment. A number of small but significant relationships were found between a history of child sexual abuse and measures of later psychological and sexual adjustment.

Giarretto, H. (1982). *Integrated treatment of child sexual abuse: A treatment and training manual*. Palo Alto, CA: Science and Behavior Books, Inc.

A manual helpful to all people involved in the treatment of sexually abused children and their families. The manual consists of two parts: history, principles, and general methodology and a detailed description of the two-week course conducted by the training project of the Santa Clara County CSATP.

Hitchcock, R. A., & Young, D. (1985). Prevention of sexual assault: A Curriculum for elementary school counselors. *Elementary School Guidance and Counseling*, 20, 201-207.

Provides a curriculum that counselors and teachers can incorporate into the regular school curriculum. Provides children with information and response strategies for the prevention of sexual abuse.

Hittleman, M. (1984). Sexual abuse: Teaching about touching. *School Library Journal*, 31, 34-35.

Describes the ways in which well written books about sexual abuse can aid in prevention. Notes that

use of the appropriate language and format can foster discussions between adults and children on the subject of sexual abuse. Suggests that information be presented in a sensitive, simple, and direct manner that children of all ages can understand.

Hodson, D., & Skeen, P. (1987). Child sexual abuse: A review of research and theory with implications for family life educators. *Family Relations*, 36, 215-221.

Describes the role of the family life educator in the prevention and detection of child sexual abuse. Contains ten prevention and response strategies advocated by researchers and clinicians.

Holtgraves, M. (1986). Help the victims of sexual abuse help themselves. *Elementary School Guidance and Counseling*, 21, 155-159.

Reports on the frequent lack of protective services and legal actions in cases of sexual molestation. This void leaves children stranded and in need of the school counselor's support to develop coping strategies. Counselors can reduce the impact of sexual abuse by providing a trusting and caring relationship and encouraging positive self-concept. Long-term intervention may break the cycle of sexual abuse.

Lindholm, K. J., & Willey, R. (1986). Ethnic differences in child and sexual abuse. *Hispanic Journal of Behavioral Sciences*, 8, 111-125.

Cases of child and sexual abuse reported to the Los Angeles County Sheriff's Department were analyzed to determine ethnic differences. A number of significant differences attributed to group status were discovered. It was concluded that cultural differences need more systematic research.

Lynn, S. (1985). Suspicion: Child abuse. *Instructor*, XCIV, 76-81.

Provides information for teachers on counseling victims of sexual and physical child abuse.

Curriculums are discussed and a resource list of reliable teaching materials is provided.

Melton, G. B. (1985). Sexually abused children and the legal system: Some policy recommendations. *American Journal of Family Therapy, 13*, 61-67.

The legal system and sexually abused children are the focus of this article. It addresses children's competency and the reform of criminal procedures to protect child victims from the trauma which the trial is presumed to engender.

Nielsen, T. (1983). Sexual abuse of boys: Current perspectives. *Personnel and Guidance Journal, 62*, 139-142.

Examines the sexual abuse of boys and the under-reporting of cases. Reports on the offender, the effects of sexual abuse and exploitation, and the implications for counselors.

Pierce, R., & Pierce, L. H. (1985). The sexually abused child: A comparison of male and female victims. *The International Journal of Child Abuse and Neglect, 9*, 191-199.

Focuses on the identification and treatment of sexually abused male children. Many misconceptions exist in regards to incidence, identification, and treatment. Most male victims are not treated with the same level of intensity as their female counterparts. Research needs to focus more closely on the abused male, particularly concerning psychological and sociological factors.

Roehl, J. E., & Burns, S. R. (1985). Talking to sexually abused children: A guide for teachers. *Childhood Education, 62*, 19-22.

Contains information for the teacher concerning children who are victims of incest. Characteristics of the sexually abused child and family are shared. Provides ideas for responding to and initiating

discussions with children involved in incestuous relationships.

Roscoe, B. (1984). Sexual abuse: The educators role in identification and interaction with sexual abuse victims. *Education, 105*, 82-86.

Educators can be among the first professionals to identify suspected cases of child abuse. This article describes characteristics of sexually abused children and includes information to help all educators.

Rosenzweig, J. (1984). You can help a sexually abused child. *Instructor, XCIII*(8), 62-64.

Contains straightforward advice on what to do when a child confides in you about sexual abuse. Includes a profile of a sexually abused child and the do's and don'ts to tell them when they confide in you. Programs and resources designed to prevent sexual abuse are listed.

Thompson, C. L., & Rudolph, L. B. (1983). *Counseling children*. Monterey, CA: Brooks Cole Publishing Company.

A three-part book about counseling elementary children. Includes discussion of causes of children's problems, different theories and techniques used in counseling children and practical counseling and intervention techniques.

Vizard, E. (1985). The problem of child sexual abuse and approaches to prevention. *Early Child Development and Care, 19*, 133-149.

Discusses prevalence of child sexual abuse and its relationship to other problems. Various aspects of prevention and long-term monitoring of prevention are discussed.

Watson, J. D. (1984). Talking about the best kept secret: Sexual abuse and children with disabilities. *Exceptional Parent, 14*, 15-22.

Discusses the vulnerability of physically and mentally disabled children to sexual abuse. Information

on the signs of sexual abuse is included as well as actions to take if sexual abuse is suspected.

Wolfe, D. A., MacPherson, T., Blount, F., & Wolfe, V. (1986). Evaluation of a brief intervention for educating school children in awareness of physical and sexual abuse. *The International Journal of Child Abuse and Neglect*, 10, 85-91.

Evaluates proximal changes in fourth and fifth graders' knowledge and attitudes on physical and sexual abuse. Information on inappropriate adult behavior and treatment was imparted to the students through brief skits and discussions in the classroom. Limitations of the study, as well as suggestions for broadening the scope and impact of child abuse prevention programs for children, are discussed.

Yates, A., Beutler, L. E., & Crago, M. (1985). Drawings by child victims of incest. *The International Journal of Child Abuse and Neglect*, 9, 183-189.

Discussion of a child's inner expression of reality through art. Compares drawings of victims of child incest with drawings of other children referred to the University of Arizona Child Psychiatry Clinic. Each drawing was rated on fifteen dimensions and differences were found in the two groups. Incest victims were judged to have more poorly developed impulse controls and a defense structure that emphasized repression.

Agencies or Organizations

1. Center for Abuse Prevention and Treatment
Hahn Center, Suite 112
104 Washington Street
Napoleon, OH 43545

This center assists families in the identification and treatment of child sexual abuse. Using the Giarretto model for integrated abuse therapy, and support

groups called Parents United and Daughters and Sons United, this center serves four northwestern Ohio counties. The center provides pamphlets and local statistical information.

2. **Child Assault Prevention Project (National Office)**
P.O. Box 02005
Columbus, Ohio 43202
"Safe, Strong, and Free" (1985)

This organization is responsible for a sexual abuse program used in public schools across Ohio. Pamphlets concerning identification of sexual abuse victims are available.

3. **Children's Resource Center**
1045 Klotz Road
P.O. Box 738
Bowling Green, Ohio 43402
"Who Do I Tell?"

This is a group of concerned people from various professions who initiated an identification program for children of sexual abuse. The program is divided into three parts: the teacher's program, the parent's program, and the childrer.'s program. This program ar d materials can be adapted to meet the needs of any school system's third or fourth grade.

CHILDREN COPING WITH DEATH AND LOSS

Life is a series of losses and gains. As early as the moment of birth, we experience the emotion of loss. The umbilical cord is cut and we survive the loss of no longer being physically attached to our mother; we emerge as a separate human being. "Soon thereafter, we are likely to be confronted with another loss situation, when a new sibling enters the family and we no longer occupy center stage. And the loss cycle continues. As youngsters, we endure separation from our parents when a babysitter comes. Then we suffer loss when we go off to school, leaving the family circle for a new horizon. Among the most shocking of loss experiences are those that alter the structure and functioning of family life. Responses to these tragic separations—caused by death, divorce, desertion, illness, and the dislocations of war—are of lasting impact. Experiences that often are a response to the initial separation—living with step-parents, adjusting to foster care or adoption and sometimes shifting for oneself—also carry with them the elements of separation and loss" (Bernstein, 1977).

When broken down simplistically, our lives mature in a cycle of loss and gain, with each being an essential element of the other.

Many adults still cling to the old notion that childhood is a carefree period in life. "Unfortunately, childhood is not the carefree, light-hearted, playful time remembered by many adults. Normal child development involves a series of cognitive, physical, emotional, and social changes" (Thompson & Rudolph, 1983). Sometimes it is this fallacy that causes adults to ignore tender feelings, disallow very real emotions, shelter children from necessary lessons of life, and misunderstand the need of children to experience all aspects of living.

Adults need to realize that "The separations mentioned here are stressful for adults. Imagine how much more stressful they are for children, who live in an environment vastly different from that of their adult guides—in years in intellectual growth, in psychological insight, and in ability to cope emotionally. For many years, youngsters are dependent upon others for their

Among the most shocking of loss experiences are those that alter the structure and functioning of family life. Responses to these tragic separations—caused by death, divorce, desertion, illness, and the dislocations of war—are of lasting impact.

... it is only through the guidance of the significant others in the lives of children, that children gain the necessary coping skills they need to thrive in spite of loss.

practical needs. Magical thoughts and imagination are some of the means they use to explain the complex world they live in. Without the life experience with which adults develop resources for coping with crises, they are "more vulnerable when loss strikes" (Bernstein, 1977).

Children do have limited resources with which to comprehend and resolve the loss experiences in their lives. Therefore, it is only through the guidance of the significant others in the lives of children, that children gain the necessary coping skills they need to thrive in spite of loss.

The ability to deal with a loss through death gives children a greater ability to handle other less threatening losses. As Bernstein (1977) notes, "Children's concepts of death are integrally related to their ideas about all other permanent separations, for the bereavement felt in related loss situations, such as divorce, desertion, and other instances, is of the same kind suffered after the death of someone close. The difference is one of degree not kind. . . . The way in which individuals cope with all types of permanent separation is tied to their concepts of death."

What Is Death?

This is probably the most common question encountered about death and, although some may find it the easiest to answer, it is perhaps the easiest. Death is the opposite of life. The two terms are complete antonyms.

Living things breathe, grow, move, eat, and reproduce. People are special living things who can also think and show emotions. When a living thing dies, it can no longer breathe, grow, move, eat, or reproduce. When a person dies, ". . . everything inside of that person stops. The heart stops. The breathing stops. The thinking and the feeling stops. When a person is dead, that person cannot think about things. They cannot feel any hurt. They cannot feel hot or cold. When we are dead, we do not have any life in our bodies anymore. What is left is just the body. . . ." (Johnsons, 1978).

Death happens for a scientific reason. All living things have a beginning called birth and an ending called death. The explanation can be as simple as that.

As Elizabeth Kubler Ross (1983) puts it, "... death can be as simple and as uncomplicated as life is—if we don't make a nightmare out of it."

Why Is There a Need to Teach about Death?

At one time, every young person had the experience of a death in the family. A century ago, one-third of all the people you knew in your life died by the time you were 12 or 14 years old. Today, you are 65 before this happens! Only 150 years ago, every child had one dead brother or sister.

In those days, people were familiar with death. People died often and suddenly, of epidemics or disease which struck every age group. In 1900, two-thirds of Americans who died were under 50, and most of them died at home with their family and friends around them. Today, most of the people who die are over 65 and they die in a hospital or nursing home. Death is far removed from our experience (Anderson, 1980).

Or is it? "How frequently we are touched by it! In a city of 100,000, there will be about 200 deaths per year. In a school system with 6,000 students, an average of 4 students may be expected to die during a typical year" (Carroll, 1977). "One of every twenty children will face the death of a parent during childhood. Virtually every child will experience the death of a pet, a neighbor, a friend, a grandparent" (Stein, 1974).

Also, whether we like to admit it or not, death surrounds the life of a child. "Even at a very young age they are confronted with that inevitable moment when life no longer exists: a pet is killed, a funeral procession passes by, a leader is assassinated, a grandfather dies. And they see pictures of people being killed in vivid color on television" (Grollman, 1970).

We need to teach about death because it is an intricate part of life.

A century ago, one-third of all the people you knew in your life died by the time you were 12 or 14 years old. Today, you are 65 before this happens.

Developmentally, What Do Children Understand about Death?

"For you as well as for your child the meaning of death is constantly reexamined as life changes. A concept of death undergoes a continuous process of maturation" (Grollman, 1970). Age is often an indicator of which aspect of death most concerns the child.

Psychologist Maria Nagy is best known for research concerning children's concepts of death. The following are general guidelines based on her research:

A preschool child does not believe death is final and irreversible. They are unable to separate death from life and often believe death is like sleep or being away on a journey.

Ages 1-5. A preschool child does not believe death is final and irreversible. They are unable to separate death from life and often believe death is like sleep or being away on a journey.

The reason children believe as they do is because, in this stage of development, children are egocentric and believe everything acts as they act. They are alive, therefore, everything else is too. This leads to their inability to distinguish between real and not real. Thus a doll that can close its eyes or a bear that talks must be real.

Children perceive death as temporary and reversible. Children at this stage have no concept of final or forever, since they are concerned only with the present moment. Children also have no concern about their own death.

Ages 5-9. Children in this stage are able to understand the basic meaning of physical death. They are able to see death as permanent and irreversible, but also envision death as a physical manifestation of a person or spirit. They are concerned with their own safety and may exhibit behaviors that will keep them safe, e.g., hiding under the covers upon hearing of a death. Since children at this age are in a concrete stage of development, they will have the need to touch death, possibly wanting to handle a dead pet to see what dead is, or asking questions that require factual straightforward answers.

Ages 9-Up. Children at this stage are able to form realistic concepts based on the observations and under-

standing that death is the absence of life. They acknowledge death as being permanent and, more importantly, universal. They view death as a natural part of life brought on by natural and accidental causes.

What Should Children at Each Stage Be Told about Death?

Tell children the truth. The common theme in all research on teaching children about death is to approach the subject with directness, honesty, openness, support, love, and caring.

The information should suit and satisfy the particular receiver and should be relayed in a factual manner in language easy to understand according to the age of development. According to Phipps (1974), when she had to tell her 5 1/2-year-old and 3-year-old sons about the death of their father, "I knew that to discuss death in my adult language with children as young as these would be utterly meaningless. They needed concreteness. They needed language which would be suitable to their thought and abstraction capabilities."

A simple statement such as "Mommy is sad because grandpa died" may be enough to satisfy a 2-year-old, but only serves as a springboard for more questions from an older child. After the initial statement, it may be best to ask children if they have any questions. Too much information can almost be as harmful as not enough. So, take cues from your children about how much information you need to give.

Remember, you will be experiencing your own grief, so it is all right to let your children know that you are unable to talk to them just yet. Be sure to reassure them that you will talk with them as soon as you are able. Children will understand.

It is important also to use factual words such as "dead" or "died" rather than "pass on," "pass away," or "are lost." Grollman (1970) states "Euphemisms get in the way of children's understanding just as they are attempting to distinguish reality from a world of fantasy."

The common theme in all research on teaching children about death is to approach the subject with directness, honesty, openness, support, love, and caring.

Often when you resort to euphemisms, you are only deceiving yourself, not your youngsters."

Finally, an important point to remember is that not all questions have answers. As the main character in the story *A Taste of Blackberries* is reminded "Honey, one of the hardest things we have to learn is that some questions do not have answers" (Smith, 1973). Don't be afraid to let your children know that you don't have all the answers.

What Can Happen if Children Are Not Told about Death?

As adults, we feel young children cannot comprehend death and often we try to avoid involving them in the process of mourning when a death occurs. Yet, children are great observers. "Worried faces and whispers say it: Something is very wrong. Life does not go on as usual. The everyday of suppertimes, of daily errands, old jokes, warm cuddles that enfold a child within his family, is suddenly hurried meals, baby sitters, phone calls, serious conversations, that push the child out. He notices, he overhears—he knows" (Stein, 1974). Children know something is different, but they are not sure what. In their confusion and need to make sense of the happenings around them, children will create their own version of reality, which often leads to misunderstandings that may surface later in life.

When we deny our children information about death, we deny them the opportunity to work through and resolve their grief. "Unresolved grief can result in mental illness or difficulties in marriage or with the law. The child can experience fear or generalized anxiety, guilt or responsibility for the death, fear of being abandoned, or fear of again loving someone they could possibly lose" (Thompson & Rudolph, 1983).

What Will Children's Reactions Be toward Death?

All children, depending on their developmental age and their level of understanding, will exhibit stages of

In their confusion and need to make sense of the happenings around them, children will create their own version of reality, which often leads to misunderstandings that may surface later in life.

mourning. The duration and intensity of each stage will depend on each child's previous experiences and teachings on loss.

"Mourning is not just feeling sad. It is the specific psychological process by which human beings become able to give up some of the feelings they have invested in a person who no longer exists, and extend their love to the living. Mourning is hard, emotional work" (Stein, 1974).

The process of mourning is exhibited in universal stages. "A Swiss-born psychiatrist, Elizabeth Kubler-Ross, found that dying people go through five stages of grief and that we, as survivors, go through similar ones. At first, we may refuse to believe that death has come to someone we care about. We say, 'No! This can't be true!' We deny death. Then, we may be angry and ask, 'Why has this happened to me?' Or, even, 'Why have they done this to me?' We might try to bargain and say, 'If they can only live a little longer' or 'If they will only come back to me, I will be a better person.' But, the bargaining fails, and we become sad and depressed. In the final stage of grief, we reach the stage of acceptance" (Anderson, 1980).

Kubler-Ross' five stages of grief are:

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

"Grief, like death, is natural and necessary. Grief is a sign of love. It shows we cared about the person who died" (Anderson, 1980). "Children should not be deprived of the right to grieve. They should no more be excluded from sharing grief and sorrow than they should be prevented from demonstrating joy and happiness. Each person should be given the opportunity to lament the end of life and love in his or her own way" (Grollman, 1970). "Coming to grips with the inevitability of loss and expressing reactions to those losses when

"Grief, like death, is natural and necessary. Grief is a sign of love. It shows we cared about the person who died."

"Coming to grips with the inevitability of loss and expressing reactions to those losses when they come, enable human beings to survive them."

they come, enable human beings to survive them. Only then do they become fully available to risk going on with the joys of living" (Bernstein, 1977).

Children need love, understanding, support and guidance as they experience their feelings of loss. Most everyone, including children, eventually get through the stages of grief at their own pace.

What Can Adults Do to Help Children Sustain the Grieving Process?

Children who participate willingly in the traditions of death will find comfort as they witness others involved in the same process of grief.

Visitations to the funeral home, participation in the funeral services, and the trip to the cemetery, all help children see death as final and irreversible. "Psychologists feel that funeral attendance is far more beneficial than protection, for fantasies are often worse than the real thing. If children experience vivid reality, subsequent fantasies of reunion will be less intense. The funeral also takes place early in the mourning process and sets the tone of sharing for subsequent stages of bereavement. . . . In sharing feelings with another person, children gain release. They also realize they are not alone in their problems" (Bernstein, 1977).

Adults can help children realize feelings are universal through the use of books. Children can identify with characters in books who share the same loss experience. Children's examination of the story, with the help of adults, can serve as an excellent springboard for further discussions about the children's feelings. The term for this method of guidance is bibliotherapy. "Books have been tools for preventing and solving psychological problems for as long as both books and problems have existed" (Bernstein, 1977).

Children should be encouraged to preserve their memories. "Memories belong to the heart and mind. . . . Do not attempt to eradicate the memory of your loved one. Pictures are helpful for remembrance. Children

may wish some tangible reminder of the deceased. . . . Recall memories of the deceased. . . . Grief shared is grief diminished. 'We remember him. We can never forget that he died. But we will always remember that he lived'" (Grollman, 1970).

"A family can trade all kinds of memories together, pulling out snapshots, laughing over funny times and times that made them angry too, talking over fights as well as fun. Then a child can live the death like a story he is part of. There will be fewer dark comers, fewer scary pictures, no muted words he must not understand. And when the story is remembered well, fully felt and finished, a child can go on to turn new pages in his life" (Stein, 1974).

"Each year people die and leave the gift of their words, and thoughts, and deeds to inspire us. . . . One of the best ways to remember people who have died is to pass on what they have given us" (Anderson, 1979).

"When you confront death, you begin to cope with the actualities of life" (Grollman, 1977).

Acknowledging death teaches us to respect life. This knowledge, in turn, should teach us to value life and motivate us to live our lives to our fullest potential.

One final question: "'Then what has been the reason for all of this?' Freddie continued to question. 'Why were we here at all if we only have to fall and die?' Daniel answered in his matter-of-fact way, 'It's been about the sun and the moon. It's been about happy times together. It's been about the shade and the old people and the children. It's been about colors in Fall. It's been about seasons. Isn't that enough?'" (Buscaglia, 1982).

Even though all living things die, it is not the death itself that is important, but the quality of the life that was lived. After all the information about death is given, this should be a child's final and lasting thought.

Kathleen Ray, Elementary Teacher
Northwood Local School District
Northwood, Ohio

***Acknowledging
death teaches us
to respect life.
This knowledge,
in turn, should
teach us to value
life and motivate
us to live our lives
to our fullest
potential.***

Bibliography*

Books on Death

Aliki. (1979). *The two of them*. New York: Greenwillow Books.

A sensitive and beautiful portrayal of the love and caring between a grandfather and his granddaughter from the child's birth through the grandfather's death.

Anderson, L. (1980). *Death*. New York: Franklin Watts.

A straightforward, honest approach to the process of death. Everything, from the cycle of life to the customs of the grieving process, is discussed. The biological results of death are also explained.

Anderson, L. C. (1979). *It's ok to cry*. Elgin, IL: Childrens Press.

Ben struggles with the need to tell his younger brother about the death of a favorite uncle. Once Jeremy is told, Ben deals with his brother's expression of the stages of grief. The final chapter discusses frankly how a child should be told about death.

Arena, C., Hermann, J., & Hoffman, T. (1984). Helping children deal with the death of a classmate. *Elementary School Guidance and Counseling*, 19, 107-115.

Outlines a comprehensive model of intervention used to help young children cope with the murder of a second grade classmate. Planning a memorial service for the classmate helped the children through the grieving process.

Berg, D. W., & Daugherty, G. G. (1973). Teaching about death. *Today's Education*, 62, 46-47.

*This bibliography contains books on death as well as books that discuss other loss situations.

Professors at Northern Illinois University planned and implemented a mini-course on death in response to questions asked by students who had made an illicit excursion into a funeral home.

Bernstein, J. E. (1977). *Books to help children cope with separation and loss*. New York: R. R. Bowker Company.

A collection of annotations of children's books about significant loss. Also describes the use of bibliotherapy or "helping with books."

Blackburn, L. B. (1987). *Timothy duck*. Omaha: Centering Corporation.

A duck experiences the death of a child who befriended him. Timothy, the duck, tries to understand death as he struggles through the stages of grief.

Brown, M. W. (1938). *The dead bird*. Reading, MA: Addison-Wesley.

The stages of grief and the funeral process are presented with simplicity after a group of children find a dead bird.

Buscaglia, L. (1982). *The fall of Freddie the leaf*. Thorofare, NJ: Charles B. Slack, Inc.

Describes the birth, life, and death of Freddie, a leaf. Freddie questions the purpose of life and comes to an understanding of the contribution each life makes to the cycle of life.

Carrick, C. (1976). *The accident*. New York: Houghton Mifflin.

Realistic portrayal of the stages of grief as a boy struggles with the death of his dog.

Carroll, M. R. (Ed.). (1977). Death (Special issue). *School Counselor*, 24(5).

This special issue deals solely with the subject of death and death education.

Chaloner, L. (1962). How to answer the questions children ask about death. *Parent's Magazine*, 37, 100-102.

This article stresses the need for parents to be comfortable with the topic of death in their own lives before they can respond honestly and openly to the questions of their children.

Channing L. Bete Co., Inc. (1984). *About grief* (Pamphlet). South Deerfield, MA.

This pamphlet outlines the stages of grief and some of the things you can do to help yourself or someone else survive the grieving process.

Clifton, L. (1983). *Everett Anderson's goodbye*. New York: Holt, Rinehart and Winston.

The five stages of grief are outlined and discussed as Everett learns to accept the death of his father.

Cohen, M. (1984). *Jim's dog Muffins*. New York: Greenwillow Books.

Examines the different ways friends try to console a classmate whose dog has died.

Colgrove, M., Bloomfield, H. H., & McWilliams, P. (1976). *How to survive the loss of love*. Allen Park, MI: Leo Press, Inc. (Bantam).

Offers helpful suggestions for how to overcome the sense of loss felt after the occurrence of common loss experiences, whether the loss is permanent or temporary.

Dodge, N. (1984). *Thumpy's story*. Springfield, IL: Prairie Lark Press.

The stages of grief are explored as Thumpy tries to make sense of the loss of his sister.

Frederick, J. M., & Ross, J. P. (1979). *Learning about the last act of life: Activities for the elementary classroom*. Worthington, OH: Worthington City Schools.

A comprehensive death education curriculum that describes K-6 activities centered on death and the grieving process developed to answer the need of Worthington City Schools after the death of students in the district. A special section in the back lists an organized plan of what needs to be done when a child in their district dies.

Greenberg, J. E., & Carey, H. H. (1986). *Sunny: The death of a pet*. New York: Franklin Watts.

Describes sequence of an aged pet's sickness and eventual death and the acceptance of a new pet by a young boy.

Grollman, E. A. (1970). *Talking about death: A dialogue between parent and child*. Boston: Beacon Press.

Offers answers to questions most often asked by children about death. The text helps parents openly discuss the topic with their children.

Johnson, J., & Johnson, M. (1978). *Tell me Papa*. Omaha: Centering Corporation.

Questions commonly asked by children about death are answered openly and honestly by a grandpa known as Papa.

Johnson, J., & Johnson, M. (1982). *Where's Jess?* Omaha: Centering Corporation.

The death of a brother illicit questions from a child that his parents answer with warmth and understanding. The parents' feelings about their son's death are shared openly.

Lee, V. (1972). *The magic moth*. New York: The Seabury Press.

The death of a family member with a terminal heart defect helps the family realize how special each member is and how death can bring new meaning to life.

Mellonie, B., & Ingpen, R. (1983). *Lifetimes*. New York: Bantam Books.

Reminds us that all living things go through the same cycle of birth and death and that what happens in between is known as a lifetime.

Miles, M. (1971). *Annie and the old one*. Boston: Little, Brown.

A young Indian girl tries unsuccessfully to stop the impending death of her grandmother, only to learn that death is part of the natural cycle of life and cannot be halted.

Ohio Funeral Directors Association. *Should the children know about death* (Pamphlet). Columbus, OH.

Outlines important aspects of the process of death and discusses the ages children can handle what kind of information on the subject.

Paola, T. (1973). *Nana upstairs and Nana downstairs*. New York: G. P. Putnam and Sons.

A child examines the difference between his grandmother and great-grandmother and learns to accept the death of both.

Phipps, J. (1974). *Death's single privacy*. New York: The Seabury Press.

The author examines her own feelings as she attempts to give straightforward answers to her two children about the death of their father.

Richter, E. (1986). *Losing someone you love*. New York: G. P. Putnam's Sons.

A series of interviews with boys and girls who have lost a sibling. Each story is told with honesty and courage in the hope others who have lost a brother or sister will find they are not alone. Also stresses the need for siblings to openly grieve.

Rofes, E. E. (1985). *The kid's book about death and dying: By and for kids*. Boston: Little, Brown and Company.

A group of 14 children ages 11-14 examine questions of death and dying at the instigation of a teacher who hopes such a discussion will lead to a greater appreciation for life and a lessened fear of death.

Rudolph, M. (1978). *Should the children know?* New York: Schocken Books.

The death of a 4-year-old in the author's nursery school prompted this book about death and how children confront this experience. She describes a variety of ways parents and teachers can help young children come to terms with death.

Simon, N. (1979). *We remember Philip.* Chicago: Albert Whitman and Company.

A favorite teacher's son dies and the children in his class struggle to find the best way to help him through his pain.

Smith, D. B. (1973). *A taste of blackberries.* New York: Thomas Y. Crowell Company, Inc.

When a young boy's friend dies from an allergic reaction to a bee sting, he is forced to confront the reality of death and the grief that overwhelms him.

Stein, S. B. (1974). *About dying.* New York: Walker and Company.

A most helpful book to aid parents in teaching their children about death. On the right side of the page a simple story is told about the death of a bird named Snow. On the left side of the page parents are given information to help their children come to terms with the subject of death.

Thompson, C. L., & Rudolph, L. B. (1983). *Counseling children* (Chap. 18). Monterey, CA: Brooks/Cole.

Addresses the issues of death and dying in relation to counseling children faced with these situations.

Viorst, J. (1981). *The tenth good thing about Barney.* New York: Atheneum.

A child deals with the death of his pet cat Barney by remembering the joy Barney brought to him.

White, E. G. (1952). *Charlotte's web*. New York: Harper and Row.

Wilbur, a pig, learns a valuable lesson of love and friendship through the life and death of Charlotte, a spider.

Books on Stepparents

Simon, N. (1976). *All kinds of families*. Chicago, IL: Albert Whitman and Company.

Discusses the lifelong importance of family to children even after parents have divorced and remarried.

Vigna, J. (1982). *Daddy's new baby*. Niles, IL: Albert Whitman and Company.

A child's feelings about her parents' divorce, her father's remarriage and the acceptance of a half sister.

Vigna, J. (1980). *She's not my real mother*. Niles, IL: Albert Whitman and Company.

This book examines the difficult process a child encounters while learning to accept a stepparent.

Books on Accepting a New Sibling

Alexander, M. (1979). *When the new baby comes, I'm moving out*. New York: The Dial Press.

Anxieties about a new arrival are explored and resolved as Oliver discovers a new role he will play.

Alexander, M. (1971). *Nobody asked me if I wanted a baby sister*. New York: The Dial Press.

An older sibling tries to sell his new baby sister only to find that he makes a difference in her life.

Byars, B. (1971). *Go and hush the baby*. New York: The Viking Press, Inc.

Suggests how older children can help their parents by taking some responsibility for caring for younger siblings.

Clifton, L. (1978). *Everett Anderson's nine month long*. New York: Holt, Rinehart and Winston.

Everett's uncertainty about his mother's remarriage is further complicated by the impending birth of a new sibling. Through love and assurance he learns to dissolve his fears.

Cole, J. (1985). *The new baby at your house*. New York: William Morrow and Company, Inc.

Photographs delineate the gamut of emotions siblings experience when a new baby enters their world, and how they learn to accept these new siblings into their lives.

Hoban, R. (1964). *A baby sister for Frances*. New York: Harper and Row.

Frances is convinced no one has time for her now that the new baby has arrived. This book explores the feelings of isolation a child sometimes feels when a new sibling arrives.

Keats, E. J. (1979). *Maggie and the pirate*. New York: Four Winds Press.

Maggie and her friends suffer the loss of a pet and decide to accept a new friend who caused the loss. (Also used for death education.)

Weiss, R. (1973). *Nancy Nora*. New York: Dial Books for Young Readers.

Her parents' attention to a new baby causes Nora to create undesirable scenes to gain acknowledgement that she is still important.

Books on Temporary Losses

Zolotow, C. (1980). *If you listen*. New York: Harper and Row.

A child is taught how to overcome the sense of loss she feels when her father is away.

Zolotow, C. (1978). *Someone new*. New York: Harper and Row.

The maturing of a child brings about both a sense of loss and anticipation. This book acknowledges these ambivalent feelings that are a part of growing up.

Books on Moving

Asch, F. (1986). *Goodbye house*. Englewood Cliffs, NJ: Prentice-Hall, Inc.

An empty house is the setting for a baby bear to come to grips with an impending move and his need to say goodbye.

Milord, S., & Milord, J. (1979). *Maggie and the good-bye gift*. New York: Lothrop, Lee, and Shepard Books (Division of William Morrow and Company).

All the necessary arrangements surrounding a father's transfer to a new city are the changes and adjustments the move entails.

Tobias, T. (1976). *Moving day*. New York: Alfred A. Knopf.

A small girl tells a tale of adventure about the experiences she has moving.

Watson, W. (1978). *Moving*. New York: Thomas Y. Crowell Company.

Examines a child's attempt to remain in the old house while Mom and Dad make arrangements to move.

Zolotow, C. (1973). *Janey*. New York: Harper and Row.

Children suffer a sense of loss when a friend moves, and this book explains, through the experiences of Janey, just how it feels.

SELF-ESTEEM AND ACADEMICS

The Problem

Academic achievement for children is a goal of many adults. They view success in the classroom as a ticket to success in the world. Many doors are open to children who are achievers.

Many students are capable of classroom success. Unfortunately, they choose not to succeed. This decision may be conscious or unconscious. Either way, the results are the same. Students fall short of their potential. Often they encounter difficulties in many areas of their lives. Problems can occur in the classroom taking the form of disruptive behavior, poor peer interaction, truancy, drug abuse, and dropping out.

Poor self-esteem is the common denominator for low-achieving students. A lack of self-worth inevitably results in inappropriate behavior and academic failure.

A strong relationship exists between academic achievement, as measured by grades and test scores, and the self-concept of the individual (Shavelson & Bolus, 1982). Many theorists believe a positive self-concept results in academic achievement. Academic achievement in turn reinforces self-concept.

Children with low self-esteem often lack family support. A large number of babies born today do not receive adequate nurturing (Hoffman, 1987). These children are unable to see themselves in the future (Piers & Harris, 1964) and often feel victimized. Victimized students do not take responsibility for their actions which is an indicator of immaturity (McCombs, 1984). Low self-esteem can result in poor adjustments in school.

Students who experience failures early on, begin to dislike themselves and this reinforces the negative messages they receive from the world around them. Low self-esteem causes children to withdraw, which in turn, limits their chances of success in school.

Often these children have never been told they are good at anything. For this reason, they approach new situations with feelings of inadequacy. Everyone needs to be successful at something. They must be encouraged

Poor self-esteem is the common denominator for low-achieving students. A lack of self-worth inevitably results in inappropriate behavior and academic failure.

Low self-esteem causes children to withdraw, which in turn, limits their chances of success in school.

Kids with low self-esteem are at high risk for substance abuse, early pregnancy, poverty, suicide and an uncertain future.

to pursue a task long enough to develop competence (McCombs, 1984). Kids with low self-esteem are at high risk for substance abuse, early pregnancy, poverty, suicide and an uncertain future. As these children mature, they may be unable to meet individual, family, national or social goals (Hoffman, 1987).

Today's focus in the schools is on academics, not the improvement of students' self-esteem. Self-esteem takes a back seat and, unfortunately, it does have an adverse effect on academic achievement. The teaching of self-esteem and academic skills is not an "either/or" process; one enhances the other. Building a healthy self-esteem allows skills taught to come easier to the student (Mitchell, 1985). A self-confident student will learn everything more readily. Today, society places emphasis on grappling with the problems of youth rather than preventing these problems from occurring at such an alarming rate in the first place. The solution begins with the nurturing of the child by his or her family.

A few states have a few isolated programs for improving the self-esteem of students. Sumter County in Maryland implemented a self-esteem enhancement program and ended up with discipline problems and substance abuse referrals, and less vandalism and absenteeism. Achievement test scores increased by a full year of academic growth in many of the school districts. Additionally, students failing grades and/or subjects were at an all-time low (Mitchell, 1985).

Local school districts implement self-esteem programs at the instigation of a teacher or guidance counselor. But with the number of mandated requirements, little time remains in the school day for such programs. Depending on the teacher, some children receive self-esteem training and some do not.

An effort to implement programs on a national level for the improvement of self-esteem will likely result in improved student behavior and academic achievement which will initially benefit students and ultimately benefit our society.

The Issues Involved

Today there is a push to excel in education (Hoffman, Wasson, & Christianson, 1985). When a child fails to excel, parents, teachers and especially the child feel a strong sense of frustration. Undesirable social and/or personal behavior often results.

Students may act out frustrations in the classroom in varying ways. Disruptive behavior, disrespect for authority, truancy, substance abuse, vandalism and other forms of juvenile misbehavior are characteristic of children with low self-esteem (Mitchell, 1985).

Students with low self-esteem score lower on achievement tests. Students who scored high on achievement tests also scored high on self-esteem tests (Shavelson & Bolus, 1982).

The development of a positive self-image as a child is essential for success as an adult (Mitchell, 1985). Shepard (1987) believes kids with low self-esteem will be as neurotic as most of today's adults. He notes that many adults suffer from low self-esteem. Purkey (Mitchell, 1985) found that 80 percent of children entering school have a positive self-image. By fifth grade only 20 percent of students had a positive self-image, and by senior year only 5 percent.

When children feel good about themselves, they are more likely to succeed. When children see themselves as bad, negative behavior results (Mitchell, 1985; Beery, 1975).

The Fullerton Police Department and the California Department of Education list the top 17 problems facing youth today as:

1. Drug abuse
2. Alcohol abuse
3. Pregnancy
4. Suicide
5. Rape
6. Robbery
7. Assault
8. Burglary

Students with low self-esteem score lower on achievement tests. Students who scored high on achievement tests also scored high on self-esteem tests.

-
9. Arson
 10. Bombings
 11. Murder
 12. Absenteeism
 13. Vandalism
 14. Extortion
 15. Gang Warfare
 16. Abortion
 17. Venereal disease

Although many of these problems may not surface in the elementary school, prevention must begin before the problems arise.

Shepard (1987) tells us that when kids are confronted by a situation, those with low self-esteem ask themselves "What do I have to lose?" Usually they do not see anything of value they can lose and, therefore, take the risk. Kids with high self-esteem believe they have too much to lose and refrain from the risk. Kids with low self-esteem fail to see the good inside of themselves. They often have trouble listing even three things they like about themselves. These children turn to things for self-validation (Shepard, 1987). Dr Alvin Poussaint, Psychiatrist at Harvard Medical School, agrees that youth derive self-worth primarily from materialistic possessions (Hoffman, 1987). Poussaint notes that both inner city kids and well-to-do students have an obsession with material goods. Some kids do not want to go to school if they are unable to buy designer clothes and other materialistic possessions which they use to validate themselves. These kids end up feeling victimized and even give away their emotions. They blame other people for making them mad, happy or sad. These kids no longer feel in control of their lives.

The many problems of youth today become the problems of, not only their families, but society as a whole.

Kids with low self-esteem fail to see the good inside of themselves. They often have trouble listing even three things they like about themselves.

Programs That Work

The development of the whole person should be a goal of education. Motivating children to reach their potential is an important task for educators. The way students view themselves and their environment has a strong effect on successful learning. Motivated students take control of their learning. The higher the self-esteem, the greater the desire and ability for self-control (Mitchell, 1985). Children who feel good about themselves learn more readily. Successful programs to build a positive self-esteem are available.

Several of the programs have key elements in common. The child must learn: (a) to set goals, (b) to understand the decision-making process, and (c) to identify his or her values.

The family is an important element for success in achievement motivation. A strong adult model who is easy to relate to and shows a real and lasting interest in the student is a basic part of the plan (Hoffman, 1987). The cooperation of parents is a necessity. Parents have the responsibility for teaching self-esteem to their children. Self-esteem can be taught (Mitchell, 1985).

Christopher Jencks (Biehler, 1976) believes the system of education is ineffective compared to the influence that occurs outside of the classroom. The events occurring in the home have a stronger effect than the education the student receives. Jencks goes on to state that the relationship between the student and teacher is more important than the curriculum or methods of instruction. Jencks tells us that schools have too much responsibility for the child when society limits the opportunities for the student.

Coopersmith (Biehler, 1976) believes the behavior of the parents, and the consequences of the rules they set up for their children, is an important factor in improving self-esteem. Clearly defined and enforced limits are associated with high self-esteem. The application of less drastic forms of punishment as well as greater demands

The higher the self-esteem, the greater the desire and ability for self-control.

Parents have the responsibility for teaching self-esteem to their children. Self-esteem can be taught.

The skills which lead to good self-esteem will benefit the children in many ways and are adaptable to many areas of life.

for academic performance and excellence are characteristics of families of children with high self-esteem.

According to many authorities, the parents are the key players in developing high self-esteem. This does not mean that counselors and teachers should not place a great deal of emphasis on teaching self-esteem skills to children. The skills which lead to good self-esteem will benefit the children in many ways and are adaptable to many areas of life.

The Developing Understanding of Self and Others (DUSO) Kit is a program for classroom teachers designed for use during first and second grade (Dinkmeyer, 1970). Students have more positive feelings and attitudes about themselves after exposure to a self-esteem enhancement program (Burnett, 1983). Small groups involving 3-12 students, lasting 45 minutes to one hour, and led by a school counselor had positive results.

A program by Burnett (1983) had the following goals: (a) increasing awareness in the participants, (b) dealing with their feelings, (c) becoming responsible for their thoughts and actions, (d) understanding reasons for their behavior and the consequences, and (e) becoming sensitive to other people's feelings.

The material included:

1. *Developing Understanding of Self and Others Kit 2* (Dinkmeyer, 1970).
2. *100 Ways to Enhance Self-Concept in the Classroom* (Canfield & Wells, 1976).
3. *Handbook of Classroom Activities for Developing Awareness in Primary Children* (Strohbehn, 1974).
4. *The Ungame* (1975).
5. Homework activities developed by counselor, Paul C. Burnett.

The program consisted of:

1. A review of the previous session.
2. A story to introduce the theme.

-
3. A discussion, activities or role play.
 4. Homework assignment.

Homework was used to extend the participation and provide a meaningful opportunity to use the concepts discussed during class.

The Program

1. Rules for involvement include:
 - a. Be positive.
 - b. Talk to everyone in the group.
 - c. Do not interrupt
 - d. Tell how you feel about things.
 - e. Listen
 - f. Be involved.
2. Read a story.
3. Use "unfinished sentences" to promote discussion.

The main themes for each session include:

1. Personal characteristics.
2. What Are Feelings.
3. The Effects of Others and Negative Statements.
4. Individuality.
5. Trust and Belonging.
6. Playing with Others.
7. Behavior Has a Purpose.
8. Cooperation and Goals.

The results from Burnett (1983) indicate an improvement in self-esteem for the participants. The program included eight sessions, involved all children, and did not require teacher involvement.

Skills Training Method

Skills training helps the student acquire, maintain and comprehend the new skills and strategies presented. Motivated learning includes expectations, attitudes and

The students were made to realize that they, not the teacher, are responsible for learning and that they can use positive self-control to enhance learning.

beliefs about the person and the learning environment. McCombs (1984) utilized the skills training method so students could maintain an interest in learning. New skills for learning and strategies, which the students must learn after they learn about themselves, were taught. Students learned about what is important to them and about competencies and abilities. The students were made to realize that they, not the teacher, are responsible for learning and that they can use positive self-control to enhance learning. This increases their sense of competency and self-control as well as their learning achievement. Self-awareness is the most important component of motivation to learn. Self-awareness contributes to perceptions of the individuals' competency and control over situations.

The Power Of Positive Students

William Mitchell (1985) the superintendent of Sumter County in Maryland believed low self-esteem was causing many problems in his community. Mitchell sold the business community, parents, teachers, secretaries, custodians and students on his plan to increase self-esteem and decreasing community problems.

Mitchell believes self-esteem is learned by conditioning, modeling, and positive reinforcement. He hoped to condition students indirectly by convincing a bank and other community leaders to donate funds for positive messages on billboards, milk cartons, school supplies, book covers, newsletters, television, radio, calendars and at pep rallies.

Teachers were a key part of the plan. They rewarded the desired behavior hoping it would increase in frequency. The teachers utilized smiles, nods, and pats on the back; emphasized the correct answer; and sent notes of encouragement home to the parents. Teachers were asked to spend three minutes per day per student writing positive notes to students. After one month, all parents received a positive message and the process began again.

Mitchell thinks it is important to teach students how to set goals. He makes the following suggestions for goal setting:

1. Determine what you want.
2. Write down and prioritize wants.
3. Identify obstacles.
4. Set target dates.
5. Visualize the completed goal.
6. Get excited (act as if the goal is reached).
7. Use positive affirmations.

Allowing kids to set goals is essential to learning positive self-esteem. By age 9 children should make 50 percent of the decisions affecting their lives. Too often parents set the goals. Kids do not have the desire to reach goals set by their parents and frequently fail. Goals must be obtainable and depend on the child's performance alone.

Children with positive self-concepts made positive statements about themselves while doing school work. The students with low self-esteem (the low achievers) did not use the positive self statements. These results were obtained by psychologist Donald W. Felker and Susan Bahke Thomas (Mitchell, 1985).

Allowing kids to set goals is essential to learning positive self-esteem. By age 9 children should make 50 percent of the decisions affecting their lives.

Gaps—What Is Needed

The retail market has a variety of resources available to the teacher and parents for enhancing self-esteem. Many of the materials available are adaptable for home and school use.

Legislation must mandate classroom time devoted to the enhancement of self-esteem. An increased awareness of the importance of self-esteem to achievement would enable all students to benefit. Parents and other community members can encourage success at home and in the community. The end result benefits the entire community and the nation as well. As young people develop competence in their lives, they will be better equipped to deal with school, peers and family. Unfortunately, legis-

lation alone cannot produce real change in the attitudes and behaviors of young people. The attitudes and behaviors of adults must change first.

Television shows must emphasize family support. Children must see shows which stress education and learning and model people caring about others (Hoffman, 1987). The *Cosby Show* is an example that comes to mind. More television programs need to reflect positive traits.

A positive role model is needed for children ages 12-15 according to Hornbeck (Hoffman, 1987). He believes kids need someone they can relate to on a weekly basis. An adolescent's basic values may be altered by a caring relationship with a mentor or significant adult role model.

The media and parents must teach girls not to settle for a limited future. According to Margaret Gates, the national executive director of the Girls Clubs of America, girls often think someone will support them for the rest of their lives (Hoffman, 1987). This is especially true for middle class girls with nonworking mothers.

Hornbeck suggests requiring young people to spend time working in the community. This may bring a new view of reality and heightened social values to the self-centered lives of kids today. Students in Maryland receive credit toward graduation for approved community service (Hoffman, 1987).

Today's children have a lot of problems; problems that began in childhood may grow worse in adolescence. By concentrating on young adolescents and their self-esteem, future problems may be minimized and important gains in school achievement realized.

Myrick and Dixon (1985) reported on a group of students exhibiting negative attitudes and learning problems. The group consisted of six small group sessions lasting 30-45 minutes in length. The sessions included the following:

An adolescent's basic values may be altered by a caring relationship with a mentor or significant adult role model.

By concentrating on young adolescents and their self-esteem, future problems may be minimized and important gains in school achievement realized.

-
1. *Feelings about School.* The discussion was general and led to more specific feelings.
 2. *Illustrated Shirt.* Students drew shirts on paper and made a coat of arms. They talked about themselves, what they like to do, what they would like to change, and their views of how others see them. The shirts were discussed.
 3. *Dear Abby.* Problems were written and group members responded to anonymous questions. The problems were common among group members, and sharing feelings brought the group closer.
 4. *Giving and Receiving Feedback.* The students used a feedback model: (a) be specific, (b) tell how it makes you feel, and (c) tell what your feelings make you want to do. This encouraged students to think in a positive manner.
 5. *Unfinished Sentences.* Students responded to open-ended questions which drew on the students' values and feelings.
 6. *Positive Feedback.* One student at a time received positive comments from the group members.

The Florida Classroom Guidance Project utilized "IALAC" (I Am Lovable and Capable) as part of their unit. The story of "IALAC" was told. Students made their own "IALAC" signs. The students were to work on positive statements for themselves and others in order to keep their sign from being torn away (Myrick, 1987).

A social skills/personal development class is required for all students attending the Okaloosa Learning Center for the gifted (Hoffman, Wasson, & Christianson, 1985). The class involves skills in problem solving, leadership, conflict resolution, decision-making, taking charge of one's life, communication, coping with stress, self-image, feelings, etiquette and values clarification.

The students are required to list five things they wanted to change about their behavior as part of this

class for underachievers. After completing activities from *Values Clarification: A Handbook of Practical Strategies for Teachers and Students* (Simon, Howe, & Kirschenbaum, 1972) and *The Validation Hunt* (Howe, 1977), improvements were noted in peer interaction and new friendships developed. Individual growth and positive changes in behavior were found to result in an increase in self confidence.

What Can Be Done?

Children may learn to underachieve by copying their parents (Rimm, 1986). They may even acquire the underachievement syndrome when their parents are achievers. A parent may appear to be powerful because of the decisions he or she makes in the outside world. However, the child may not see the parent as a powerful individual if their decisions do not affect the child's interests, needs, and discipline.

Parents of underachieving children often set goals too high for their child which guarantees failure. Self-concept derives from actual achievements. The underachievers do not have the opportunity to build confidence since they are unable to have the experience of completing a task and observing the end result. The effort made must result in a sense of achievement for the child. The child's goals must be obtainable (Morse, 1987).

Parents must show an interest in the child's education in order to help them build a positive attitude toward learning. On a day-to-day basis, many opportunities exist for parents to help children build confidence. They include:

1. Talking to them.
2. Reading to them.
3. Listening to them.
4. Praising them.
5. Rewarding them.
6. Being a good role model.

Parents of under-achieving children often set goals too high for their child which guarantees failure. Self-concept derives from actual achievements.

-
7. Having reasonable expectations for the child.
 8. Giving them responsibilities.
 9. Being available.
 10. Showing them what you do is important.
 11. Spending time together.
 12. Discussing problems.
 13. Showing them that you care (PTA, 1987; In Brief, 1985).

Educators can help reverse the pattern of underachievement by working with the problems of youth. The characteristics resulting from low self-esteem must be addressed. Study habits, peer relationships, home and school discipline must be improved (Davis & Rimm, 1985).

Teachers and counselors can make their classrooms warm and inviting and the environment pleasant and encouraging. Teachers should greet the children as they enter the room. Once there, the teachers should let the children know they care. Teachers should dress to feel good, keep in shape and surround themselves with things they like (Piper, 1987). Teachers must maintain faith in their students. The teacher and counselor can have a positive affect on their students.

The following lists are of inviting behaviors adapted from Piper (1987).

Inviting Verbal Comments

Good morning!
Thanks.
Let's talk it over.
How can I help?
Tell me about it.
I appreciate your help.
I understand.
We missed you.
I like that idea.
I think you can.
You are unique.

Teachers and counselors can make their classrooms warm and inviting and the environment pleasant and encouraging.

How are things going?
I'd like your opinion.
What do you think?
What can I do for you?
I'm impressed!
I think you can do it.
I enjoy our time together.

Inviting Personal Behaviors

A relaxed posture.
Lending a book.
Smiling.
Listening carefully.
Patting a back.
Shaking hands.
Giving a friendly wink.
Sharing an experience.
Noticing new clothes.
Learning names.
Hugging.
Remembering important occasions.
Expressing regret.
Giving thumbs-up sign.

Inviting Physical Environments

Living plant
Attractive, up-to-date bulletin boards.
Lots of books.
Fresh air.
Flowers on the desk.
Open doors.
Candy jar with candy.
Attractive pictures.
Stuffed animals.
Game board.
Positively worded signs.

Parents, teachers, counselors and others who deal with children have an important impact on children and

their lives. Time should be taken to listen to kids. Observing their behavior will often yield clues to what they are feeling.

Children with low self-esteem will benefit from positive input from a significant person. Parents have the primary responsibility for teaching a positive self-concept to their children. But teachers, counselors, and parents must work together for the best results. When children begin to feel better about themselves, their achievement levels will also improve.

Lynn Burton, High School Teacher
Washington Local School District
Toledo, Ohio

References

- Beery, R. (1975). Fear of failure in the student experience. *Personnel and Guidance Journal*, 54, 191-203.
- Biehler, R. (1976). *Child development: An introduction*. Boston: Houghton Mifflin Co.
- Burnett, P. (1983). A self-concept enhancement program for children in the regular classroom. *Elementary School Guidance and Counseling*, 18(2), 101-108.
- Canfield, J., & Wells, H. (1976). *One hundred ways to enhance self-esteem in the classroom*. Englewood Cliffs, NJ: Prentice-Hall.
- Davis, G., & Rimm, S. (1985). *Education of the gifted and talented*. Englewood Cliffs, NJ: Prentice-Hall.
- Dinkmeyer, D. (1970). *Developing understanding of self and others, kit 2*. Circle Pines, MN: American Guidance Service.
- Hoffman, E. (1987). What confronts today's youth. *Junior League Review*, 69(2), 8-30.
- Hoffman, J., Wasson, F., & Christianson, B. (1985). Personal development for the gifted underachiever. *G/C/T*, May/June.
- Howe, L. (1977). *Taking charge of your life*. Niles, IL: Argus Communications.

-
- In-Brief (1985). *Parent involvement in children's academic achievement*. Ann Arbor, MI: The University of Michigan, ERIC Counseling and Personnel Services Clearinghouse.
- McCombs, B. (1984). Processes and skills underlying continuing motivation. *Educational Psychologist*, 19(4) 199-218.
- Mitchell, W. (1985). *The power of positive students*. New York: Bantam Books.
- Morse, L. (1987). Working with young procrastinators: Elementary students who do not complete school assignments. *Elementary School Guidance and Counseling*, pp. 221-228.
- Myrick, R. (1987). *Developmental guidance and counseling: A practical approach*. Minneapolis, MN: Educational Media Corp.
- Myrick, R., & Dixon, R. (1985). Changing negative attitudes through group counseling. *School Counselor*, 32, 325-330.
- PTA Pamphlet. (1987). *Self-esteem. 15 ways to help children like themselves*.
- Piers, E., & Harris, D. (1964). Age and other correlates of self-concept in children. *Journal of Educational Psychology*, 55(2), 91-95.
- Piper, J. (1987, November). *The power of positive invitations to learn*. Workshop at Seagate Center, Toledo, OH.
- Rimm, S. (1986). *Underachievement syndrome: Causes and cures*. Watertown, WI: Apple Publishing Co.
- Shavelson, R., Huberman, J., & Stanton, J. (1976). Self-concept: Validation of construction interpretations. *Review of Educational Research*, 46, 407-441.
- Shavelson, R., & Bolus, S. (1982). Self-concept: The interplay of theory and methods. *Journal of Educational Psychology*, 74(1), 3-17.
- Shepard, S. (1987, October). Presentation on self-esteem at Whitmer High School, Toledo, OH.
- Simon, S., Howe, L., & Kirschenbaum, H. (1972). *Values clarification: A handbook of practical strategies for teachers and students*. New York: Hart Publishing Co.
-

-
- Strohbehn, J. (1974). *Handbook of classroom activities for developing awareness in primary children*. Nevada, IA: Nevada Community School District.
- UNGAME. (1975). *The original game of self expression for ages 5-105*. Philadelphia: Center for Applied Psychology.

Bibliography

- Beane, J., & Lipka, R. (1980). Self-concept and self-esteem: A construct differentiation. *Child Study Journal*, 10(1), 1-6.

Self-concept and self-esteem are often used interchangeably. Self-concept is a description of self, such as personal characteristics. The concept is rated as having or not possessing that skill or trait. Self-esteem depends on the value the person has attached to the skill or trait.

- Beyers, M. (1986). Overcoming emotional obstacles to independence. *Children Today*, 15(5), 8-13.

In order for children to become independent, they must learn how to identify their feelings, it is important to learn how to predict their feelings and deal with them in an effective manner. Building self-esteem and acquiring decision making skills are essential for successful independence.

- Bohmstedt, G., & Fisher, G. (1986). The effects of recalled childhood and adolescent relationships compared to current role performances of young adults' affective functioning. *Social Psychology Quarterly*, 49(1), 19-32.

Self-esteem can change as a person ages and changes roles. Depression remains more constant. The quality of relationships with friends and family during childhood can have a lasting affect on depression.

Brennan, A., (1985). Participation and self-esteem: A test of sex alternative explanations. *Adolescence*, 20(78), 445-466.

The more students participate with others, the more self-concept for the individual increases. As people learn how to cooperate, compete and interact, they learn about themselves and others. By participating in a variety of experiences, the knowledge of self increases. Interaction with the peer group had a strong impact on self-esteem.

Brinthaup, T., & Lipka, R. (1985). Developmental differences in self-concept and self-esteem among kindergarten through twelfth grade. *Child Study Journal*, 15(3), 207-221.

Younger students identify themselves with family relationships, their possessions and characteristics of their bodies. Older students describe themselves by group memberships, their age and roles. Information was gathered by questions asked during individual interviews. Many students had no desire to change themselves.

Burnett, P. (1983). A self-concept enhancement program for children in the regular classroom. *Elementary School Guidance and Counseling*, 18(2), 91-108.

A self-enhancement program produced significant changes in the child's self-concept. A guidance counselor conducted an 8-week program which had the goal to increase the student's awareness in thoughts, action, and feelings. Activities included a story, an activity, discussion and homework.

Elliot, G. (1986). Self-esteem and self-consistency: A theoretical and empirical link between two primary motivations. *Social Psychology Quarterly*, 49(3), 207-218.

Inconsistencies in self-concept increases as children enter adolescence. It gradually decreases in the last teenage years. High self-esteem is associated with a greater consistency in self-concept.

Eskilson, A., Wiley, M., Muchlbauer, G., & Dodder, L. (1986). Parental pressure, self-esteem and adolescent reported deviance: Bending the twig too far. *Adolescence*, 21(83), 501-515.

Parents who overly pressure their children to succeed are likely to have a child with a low self-esteem. Drug and alcohol use did not seem to have a negative affect on the self-esteem. It may improve status with their peers and alleviate feelings of failure for many youths.

Everhart, R. (1985). On feeling good about oneself: Practical ideology in schools of choice. *Sociology of Education*, 58, 251-260.

Private schools exist which place feeling good about oneself-as a top priority. Attempts to remove barriers of status had a positive affect on self-concept. The students may feel good about themselves yet lack understanding in areas which are necessary for adapting to the real world.

Felson, R., & Reed, M. (1986). The effects of parents on the self-appraisals of children. *Social Psychology Quarterly*, 49(4), 302-308.

Parents and children have similar views on a child's academic and athletic ability. As children become older the influence from the mother tends to decline for the girls, while the fathers' influence increase.. The mothers' influence on her son remains constant as he grows older. Parents and children have differing views on attractiveness as parents rate their children higher.

Goldstein, B. (1986). Confidence helps build competence. *Reading Horizons*, 26(3), 189-190.

Self-worth and self-esteem are important to all people. Children become more caring and successful and well adjusted as adults when they receive time and attention from others. Steps were given to help build confidence in children.

Green, L. (1986). *Kids who underachieve*. New York: Simon & Schuster.

Self-image and achievement are linked. The more positive the child's self-image, the greater his achievement. A positive self-image encourages the growth of self-esteem which encourages expectations and leads to further achievement.

Hauk, W., Martens, M., & Wetzal, M. (1986). Shyness, group dependence and self-concept: Attributes of the imaginary audience. *Adolescences*, 21(83), 529-534.

The shy female around ages 14-15, displayed the greatest dependency on a group. As age increased, so did the shyness. Individuals sensitive to an imaginary audience also had a lower self-esteem.

Hilebrand, V. (1985). *Parenting and teaching young children*. New York: McGraw-Hill, Inc.

A positive self-concept includes feelings of being good, loved, strong and capable. When failures are stressed children may feel weak, incapable and unloved which leads to a negative self-concept. *Tips for Guiding Children* suggest a positive method of dealing with children.

Hoelter, J. (1986). The relationship between specific and global evaluations of self. A comparison of several models. *Social Psychology Quarterly*, 49(2), 129-141.

A study of sixth-grade students found self-esteem to be affected by self-evaluations of their role as students, athletes and sons/daughters. Their roles as club members and friends did not have a significant influence on their self-esteem. Although friends are an important factor, their credibility may lower as children tend to change groups of friends.

Hoffman, E. (1987). What confronts today's youth. *Junior League Review*, 65(2), 8-30.

Hoffman interviewed key community resources to reach a composite of trends and problems facing youth today. She found many negative trends with far reaching and devastating results for our society.

Hoffman, J., Wasson, F., & Christianson, B. (1985). *Personal Development for the gifted underachiever*. G/C/T. May/June.

The gifted underachiever presents frustration for parents, students and the teacher. A lack of self-confidence is a characteristic for the underachiever. Students placed in a special program geared toward increasing positive peer interactions and an understanding of themselves and their values. When the level of self-confidence was raised, positive changes in behavior and individual growth was exhibited.

Hollinger, C., & Fleming, E. (1985). Social orientation and the social self-esteem of gifted and talented female adolescents. *Journal of Youth and Adolescents*, 14(5), 389-399.

Traditionally females have possessed lower self-esteems than males. Athletic ability was found to be the best predictor of social self-esteem for females. Leadership ability followed by ability in the performing arts ranked next in order for predicting self-esteem in the gifted and talented female.

Johnson, E. (1984). *Raising children to achieve*. New York: Walker Publishing Co., Inc.

Achievement motivation is learned. Parents of achievers set high but yet achievable standards. The children are expected to achieve. A challenge is important yet the child must be able to obtain the end goal. Positive feedback helps to motivate the child.

Juhasz, A. (1985). Self-esteem in early adolescents. *Adolescence*, 20(80), 877-887.

Students identified traits which are important to themselves and rated the importance of the traits.

The age of the student and their sex indicate differences in the items important to their self-esteem. Adults could have a better understanding of adolescent behavior once the motivations for the behavior was identified.

Lerner, R., Orlos, J., & Knapp, J. (1976). Physical attractiveness, physical effectiveness, and self-concept in late adolescents. *Adolescence, 11*(43), 315-326.

Late adolescent students rated their body characteristics on attractiveness and how important the body part was to overall attractiveness. Attractiveness was more important to the female's effectiveness than the male.

McCombs, B. (1984). Processes and skills underlying continuing motivation. *Educational Psychologist, 19*(4), 199-218.

Motivation to learn is a key to successful learning. A skills training program which emphasizes personal control and self-efficiency was developed. It suggests the ability of positive self-control to change negative attitudes can promote learning.

McCombs, B. (1986). The role of self-system in self-regulated learning. *Contemporary Educational Psychology, 11*, 314-332.

Students must develop a positive self-identity which is reinforced by successful learning experiences. Once this task is met, they may begin a self-evaluation process which can generate positive affects and motivation towards self-regulated learning.

Miles, R. (1986). Where do I begin? Ideas for new elementary school counselors. *Elementary School Guidance and Counseling, 21*(2), 100-104.

New counselors can affectively use summer vacation as a time to set up a warm and inviting atmosphere in their school. Summer vacation also offers the opportunity to visit veteran counselors

with existing elementary guidance programs. Visibility and communication are extremely important once the school year begins.

Montemayor, R., & Eisen, M. (1977). The development of self-conceptions from childhood to adolescence. *Development Psychology, 13*(4), 314-319.

Young children describe themselves by the use of tangible characteristics such as their physical appearance and possessions. Adolescents identify self with occupational roles, abstract terms and use interpersonal terms. Cognitive development is necessary before one can progress from concrete to abstract descriptions of self.

Morse, L. (1987). Working with young procrastinators: Elementary school students who do not complete school assignments. *Elementary School Guidance and Counseling, 21*(3), 221-228.

Procrastination may result may result from several factors including low self-esteem. Students in a counseling group learned how to set goals and self-esteem improvement skills. The results indicated an increase in grades. A counselor may have success with procrastinators by teaching skills and information about oneself.

Navin, S., & Bates, G. (1987). Improving attitudes and achievements of remedial readers: A parent counseling approach. *Elementary School Guidance and Counseling, 21*(3) 203-209.

Counseling the parents of remedial readers appears to have a positive affect on improving the reading comprehension and attitudes. The counselor should consider the development of group counseling sessions for the parents of remedial readers.

Oldfield, D. (1986). The effects of the relaxation response on self-concept and acting out behaviors. *Elementary School Guidance and Counseling, 21*(2), 255-259.

Students with low self-esteem often act out with disruptive behaviors. A group of target students were taught relaxation procedures. The procedures had a positive affect on the incidents of acting out. Relaxation techniques do not depend on changes by the teacher to ensure positive behavior changes in the student.

Piers, E., & Harris, D. (1964). Age and other correlates of self-concept in children. *Journal of Educational Psychology, 55*(2), 91-95.

Self-concept was tested on elementary school children in grades 3, 6, and 10. The children were tested in November and retested in March with higher results. The tests evaluated interpretations in status, physical appearance, anxiety, popularity, happiness and satisfaction. Grade 6 scored lower than grades 3 and 10.

Rogers, F. (1983). *Mister Rogers talks with parents*. Berkley Book published by arrangements Family Communications, Inc.

Mister Rogers believes children can learn almost anything easily if they are ready. A sense of self-worth is one of the six fundamentals of readiness. Uniqueness is necessary for a sense of self-worth.

Rosenberg, M., & Pearlín, L. (1978). Social class and self-esteem among children. *American Journal of Sociology, 84*(1), 53-75.

Social class was found to have little effect on a child's self-esteem. This may be due to the fact that most of the people the child meets are of the same or similar socioeconomic level. He sees himself through others. His station in life is not affected by his accomplishments and he is unaware of the social class system.

Shavelson, R., & Bolus, R. (1982). Self-concept: The interplay of theory and methods. *Journal of Educational Psychology, 74*(1), 3-17.

Self-concept appears to be a predominate factor over achievement. Individuals use their self-concept as a frame of reference when they describe and evaluate themselves. There is a relationship between grades, test scores and self-concept.

Simon, S., Howe, L., & Kirschenbaum, H. (1972). *Values clarification: A handbook of practical strategies for teachers and students*. New York: Hart Publishing Co.

Values Clarification contains useful activities for teachers to use in the classroom. Unfinished Sentences, All About Me, Personal Coat of Arms are a few examples of activities which focus on self-esteem and can be used with elementary students.

Thompson, C., & Rudolph, L. (1983). *Counseling children*. Belmont, CA: Wadsworth Inc., 285-287.

A section dealing with poor self-concept reveals that the evaluations by adults provide the child with their self-concept. Motivation, relationships and future success are affected by the self-concept. Steps counselors can use to improve self-concept are given.

Thomburg, H., & Jones, R. (1982). Social characteristics of early adolescents: Age versus grade. *Early Adolescent Social Characteristics*, 2(3), 223-239.

Age was found to be a better predictor of adolescent development than grade. Education should focus on understanding the adolescent than on organizations and administration of features to meet the needs of the adolescents.

Wagner, J. (1987). Formal operations and ego identity in adolescence. *Adolescence*, 22(85), 23-35.

Adolescent girls were more goal oriented toward the future than boys. As the boys reach late adolescence they feel more pressure to make career choices. Boys scored higher on a task which incorporated mechanical problem-solving.

Walker, L., & Greene, J. (1986). The social context of adolescent self-esteem. *Journal of Youth and Adolescence*, 15(4), 315-322.

The adolescents' relationship with parents does affect self-esteem. Girls have a larger peer group than boys. The girls depend on their self-evaluation of popularity for their self-esteem. Boys use self-evaluation of school performance for determining their self-esteem.

CAPS PUBLICATIONS AVAILABLE IN 1989

New 1989 ERIC/CAPS Publications:

1. Alcohol, Drugs and Adolescents
Laurie L. Lachance
2. Counseling for Enhancing Self-Esteem
Garry R. Walz
3. Counseling Young Students at Risk: Resources for Elementary Guidance Counselors
Jeanne C. Bleuer and Penny A. Schreiber, Editors
4. Critical Issues in Counseling and Guidance and Human Services—44 ERIC/CAPS Digests by nationally prominent authors
5. Future of Counseling
George Gazda, Bruce Shertzer, Tom Sweeney, Garry R. Walz, and C. Gilbert Wrenn
6. Improving Student Achievement: Resources and Strategies for Counselor Intervention
Jeanne C. Bleuer and Garry R. Walz
7. Opening All Options: Ohio School Career Guidance Conference
The Ohio Department of Education
8. Parenting School-Aged Children and Adolescents
Nancy R. Beekman
9. Youth Suicide Prevention: A Guide for Trainers of Adult Programs
State of Florida

Newly Reformatted and Reprinted Publications for Increased Readability and Useability:

1. Combating the School Dropout Problem: Proactive Strategies for School Counselors
Garry R. Walz
2. Counseling Abused Children
Emily Jean McFadden
3. Counseling and Intervention Strategies for Adolescent Suicide Prevention
Dave Capuzzi

-
4. **Counseling Underachievers: A Counselor's Guide to Helping Students Improve Their Academic Performance**
Jeanne C. Bleuer
 5. **Dropout Prevention: What We Have Learned**
Nancy Peck, Annmarie Law, and Roger C. Mills
 6. **Inner World, Outer World: Understanding the Struggles of Adolescence**
David Klimek and Mary Anderson
 7. **9 for the 90s: Counseling Trends for Tomorrow**
Libby Benjamin and Garry R. Walz

Additional publications will be announced during 1989. For an update on prices, including special discounts, and the announcement of new publications call or write:

ERIC CAPS Publications
2108 School of Education
The University of Michigan
Ann Arbor, Michigan 48109-1259
(313) 764-9492



Jeanne C. Bleuer, Ph.D., is the Associate Director of the ERIC Counseling and Personnel Services Clearinghouse at The University of Michigan and an adjunct assistant professor in counselor education at The University of Toledo. She has a bachelor's degree in science education, a master's degree in guidance and counseling (both from the University of Illinois), and a doctorate in educational psychology from The University of Michigan. She has been a counselor, teacher, and researcher/program evaluator in a variety of educational settings including elementary and secondary schools, community agencies, and residential treatment centers for dependent/delinquent youth. Dr. Bleuer has designed numerous national, state, and regional workshops, all aimed at helping counselors enhance the effectiveness of their counseling programs and activities. Her special areas of interest and expertise are measurement and evaluation, the use of computers in education and counseling, and the counselor's role in facilitating student achievement.

Penny A. Schreiber, B.A., is an editor at the ERIC Counseling and Personnel Services Clearinghouse at The University of Michigan. In this position, she works with all facets of the publications programs at ERIC/CAPS. Ms. Schreiber has a bachelor of arts degree in English from The University of Michigan. She was editor of the Lamaze Childbirth Preparation Association of Ann Arbor Newsletter for two years and has volunteered as a reading tutor for the Literacy Council of Washtenaw County.